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| Case Number: | CM15-0005509 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 02/04/2009 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female, who sustained an industrial injury on 2/4/2009. She has reported back pain, status post lumbar laminectomy and epidural in 2009. The diagnoses have included degenerative spondylolisthesis, laminectomy and fusion L3-L5 2014, right leg radiculopathy, spondylolisthesis, bilateral foraminal stenosis, and disc extrusion. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, steroid epidural, physical therapy, and activity modification. Currently, the IW complains of pain in the low back and right lower extremity associated with right foot drop with numbness and tingling. On 12/10/14, physical examination documented low back flexion 20 degrees and extension 1- degrees, with a lower extremity AFO orthotic brace with dorsiplantar flexion 3/5. The plan of care included continuation of medication therapy as previously prescribed. On 12/19/2014 Utilization Review non-certified Omeprazole 20mg twice a day #60, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of Omeprazole 20mg twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20 mg BID #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69. Decision based on Non-MTUS Citation FDA Prescribing Information Omeprazole <http://www.drugs.com/pro/omeprazole.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The progress report dated 10/14/14 documented that the patient has been using Omeprazole for gastrointestinal prophylaxis and as gastrointestinal protection due to the patient's history of dyspepsia and lap-band surgery. Without Omeprazole, the patient said that dyspepsia is significant. Omeprazole continues to be beneficial in reducing dyspepsia. FDA guidelines indicate that Omeprazole is indicated for the treatment of heartburn (dyspepsia). MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS and FDA guidelines support the medical necessity of Omeprazole. Therefore, the request for Omeprazole is medically necessary.