

Case Number:	CM15-0101235		
Date Assigned:	06/03/2015	Date of Injury:	05/28/2004
Decision Date:	08/18/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: Family Practice

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 68 year old female, who sustained an industrial injury on May 28, 2004. Treatment to date has included medication. Currently, the injured worker complains of cervical and lumbar spine pain. The cervical spine pain radiates down her arms (bilaterally) and is associated with numbness and tingling as well as her head and shoulders causing headaches. She also reports bilateral hand pain. The pain is exacerbated by turning her head. The lumbar spine pain radiates down her legs (bilaterally) and is associated with numbness and tingling. The pain is aggravated by bending, twisting or lifting. The injured worker is diagnosed with bilateral carpal tunnel syndrome, cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc displacement and lumbar radiculopathy. Her work status was not indicated in the documentation. Documentation dating back to December 6, 2014 reveals the injured worker has been prescribed Omeprazole; however, therapeutic efficacy is not noted. The medication, Omeprazole 20 mg #90 is being requested to continue to assist with symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Cap 20 MG Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton pump inhibitors (PPIs).

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker is noted to be 68 year old who is being prescribed non-steroidal anti-inflammatory medications. However, the currently prescribed dosage of Omeprazole exceeds the recommended dosage, which is 20 mg daily. In addition, the MTUS guidelines note that long-term use of proton pump inhibitors leads to an increased risk of hip fractures. As noted in ODG, "Decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). Patients with gastroesophageal reflux disease on PPIs had a 1.16 greater risk of MI, and a 2.00 risk for cardiovascular mortality. PPI usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) In this study PPI use was associated with a 1.58-fold greater risk of MI, and in the case-crossover study, adjusted odds ratios of PPI for MI risk were 4.61 for the 7-day window and 3.47 for the 14-day window. However, the benefits of PPIs may greatly outweigh the risks of adverse cardiovascular effects, with number needed to harm of 4357. (Shih, 2014) Outpatient PPI use is associated with a 1.5-fold increased risk of community-acquired pneumonia, with the highest risk within the first 30 days after initiation of therapy. (Lambert, 2015) The updated Beers Criteria, which help prevent adverse drug events in older adults, added a recommendation to avoid the use of PPIs for more than 8 weeks, except for long-term NSAID users and patients with erosive esophagitis, Barrett's esophagitis, pathologic hypersecretory condition, or a demonstrated need for maintenance therapy. There are many studies demonstrating, in elderly patients, an increased risk for Clostridium difficile infection and bone loss and fractures with the long-term use of PPIs. (AGS, 2015)" The request for Omeprazole Cap 20 MG Qty 90 is therefore not medically necessary and appropriate.