

Case Number:	CM15-0131818		
Date Assigned:	07/20/2015	Date of Injury:	11/08/2004
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old female, who sustained an industrial injury on 11/08/2004. She has reported injury to the neck, extremities, back, and psyche. The diagnoses have included right carpal tunnel syndrome; right DeQuervain's; spondylolisthesis; lumbar herniated nucleus pulposus without myelopathy; lumbar radiculopathy; hallux rigidus; right shoulder impingement syndrome; status post right shoulder surgery, 2006; and post-traumatic stress disorder. Treatment to date has included medications, diagnostics, splinting, back support, physical therapy, and surgical intervention. Medications have included Vicodin, Soma, Cymbalta, Bupropion, Flexeril, Anaprox, and Omeprazole. A progress note from the treating physician, dated 05/29/2015, documented an evaluation with the injured worker. The injured worker reported right hand numbness and tingling; low back pain; right shoulder pain; left foot pain; left foot stiffness; dental grinding with abscess formation; intractable back pain is described as constant, sharp, stabbing dull, and aching; the back pain is moderate to severe with profound limitations; there is radiation of pain to the both lower extremities; associated symptoms include stiffness, numbness, and tingling; pharmaceuticals are tolerated well; left foot/ankle pain is constant, sharp, shooting, and aching; the symptoms are mild to moderate; medications are helping well with pain and function; right shoulder/arm pain which is constant, moderate to severe, and radiates to the right upper extremity; and it is relieved by medications and resting. Objective findings included an MRI of the lumbar spine, dated 04/15/2015, which revealed severe posterior facet arthropathy at L4-5 with degenerative grade I anterolisthesis and moderate left greater than right foraminal narrowing and L4 nerve root impingement; there is also borderline spinal stenosis; and asymmetric bulge to the left at L5-S1 with moderate to severe left

foraminal narrowing and L5 nerve root impingement. The treatment plan has included the request for Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, and Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 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 records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.