

Case Number:	CM15-0134465		
Date Assigned:	07/22/2015	Date of Injury:	02/03/2014
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
 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 65 year old female who sustained an industrial/work injury on 2/3/14. She reported an initial complaint of back pain. The injured worker was diagnosed as having disc protrusion at L5-S1 with neural encroachment, radiculopathy, and right upper extremity compression neuropathy/carpal tunnel syndrome, possible right shoulder impingement, and left shoulder impingement. Treatment to date includes medication, diagnostics, epidural steroid injection on 2/13/15, MRI results were reported on 12/10/14 of the lumbar spine and left shoulder on 1/5/15. Currently, the injured worker complained of continued low back pain with L>R lower extremity symptoms. Pain was rated 6/10. Per the primary physician's report (PR-2) on 5/12/15, exam noted tenderness of lumbar spine, flexion at 40 degrees, bilateral lateral tilt at 30 degrees, bilateral rotation at 30 degrees, diminished sensation L>R L5-S1 dermatomal distributions, positive straight leg raise left for pain to foot at 35 degrees and right to distal calf at 40 degrees. Current plan of care included third epidural steroid injection and medication. The requested treatments include Omeprazole 20mg.

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 (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Proton-pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are protrusion L5-S1 with neural encroachment and radiculopathy; right upper extremity compression neuropathy/carpal tunnel syndrome; possible right shoulder impingement; and left shoulder impingement. The date of injury is February 3, 2014. Request for authorization is dated June 10, 2015. According to a progress note dated May 12, 2015, the injured worker has subjective complaints of low back pain that radiates to the bilateral lower extremities (6/10). Medications include hydrocodone and tramadol. There is no documentation of gastritis or risk factors for gastrointestinal events such as history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. There is no clinical rationale and the medical record for omeprazole. Consequently, absent clinical documentation with comorbid conditions or risk factors for gastrointestinal events (supra), Omeprazole 20 mg #60 is not medically necessary.