

Case Number:	CM15-0136587		
Date Assigned:	07/24/2015	Date of Injury:	01/12/2001
Decision Date:	09/23/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/15/2015

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 Jersey

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 56 year old female, who sustained an industrial injury on January 12, 2001. The injured worker was diagnosed as having left reflex sympathetic dystrophy, depression, migraines, and adjustment disorder with anxiety. Treatments and evaluations to date have included acupuncture, spinal cord stimulator, psychotherapy, and medication. Currently, the injured worker complains of pain that starts in her left hand and fingers and radiates up her arm all the way to her shoulder, with numbness and tingling in her fingers and hand that radiates all the way up to her neck. The Secondary Treating Physician's report dated June 8, 2015, noted the injured worker reported her current pain level was an 8/10, with medication a 5-6/10, and that without medication the pain was a 10/10. The injured worker reported taking Oxycodone helped with her pain, Lyrica and Topamax helped her neuropathic pain, and Omeprazole helped with her gastrointestinal (GI) problems. The physical examination was noted to show severely decreased range of motion (ROM) of the left shoulder in all directions, sever allodynia to light touch of the left elbow to the wrist on the medial aspect and of the left wrist and forearm, severely decreased extension of all digits of the left hand, with left hand flexion contracture, and decreased grip strength of the left hand. The injured worker was noted to have had a recent hospitalization for suicidal thoughts. The treatment plan was noted to include continuation of Topamax, Omeprazole, Lyrica, and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that 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. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was report of omeprazole helping "with GI upset," however, there was no further explanation as to why this medication was warranted. There was no record of this worker taking any NSAIDs currently and no other medical history which would have increased this worker's risk of gastrointestinal events. As omeprazole carries with it significant side effects in the long term and without significant justifications found in the notes to outweigh these risks, the omeprazole, in the opinion of this reviewer, should be regarded as medically unnecessary.