

Case Number:	CM15-0144430		
Date Assigned:	08/05/2015	Date of Injury:	12/22/2005
Decision Date:	08/31/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/24/2015

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 was a 52 year old female, who sustained an industrial injury, December 22, 2005. The injured worker previously received the following treatments Oxycodone, Omeprazole and Naproxen. The injured worker was diagnosed with lumbar myofascial pain, intervertebral disc disease and radiculitis. According to progress note of July 14, 2015, the injured worker's chief complaint was lumbar pain. The injured worker described the pain as burning pain, discomfort and aching. The injured worker rated the pain at 6 out of 10. The pain was present 50-60% of the time. The pain was aggravated by lifting, pulling, pushing, carrying, sitting, reaching, twisting, bending, turning, walking or driving. The symptoms were reduced by mediations, heat, ice and stretching. The physical exam noted tenderness in the lower lumbar. The lumbar curve was to the left. There were moderate muscle spasms in the left lumbar, lumbar, left buttocks, left posterior thigh, left posterior knee, left calf, left ankle, left planter foot and left sacroiliac. The range of motion was moderately decreased in flexion, lumbar extension and lumbar left rotation. The treatment plan included a prescription for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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 nonsteroidal 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 nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are lumbar myofascial pain; intervertebral disc disease; and radiculitis. Date of injury is December 22, 2005. Request for authorization is dated July 17, 2015. According to a July 14, 2015 progress note, the injured worker presented for a refill of medications. Current medications include Oxycodone 5 mg one TID and Omeprazole 20 mg b.i.d. and Naproxen 500 mg one b.i.d. There is no documentation indicating comorbid conditions or risk factors for gastrointestinal events. Specifically there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. The utilization review provider initiated a peer-to-peer conference call with the treating provider. The treating provider was unaware of the history of risk factors or comorbid conditions requiring Omeprazole. Consequently, absent clinical documentation demonstrating risk factors and/or comorbid conditions for gastrointestinal events, Omeprazole 20 mg #60 is not medically necessary.