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| Case Number: | CM15-0148692 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 08/30/2000 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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 66-year-old female, who sustained an industrial injury on 8-30-2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical herniated nucleus pulposus, status post lumbar fusion, low back pain and myofascial pain. The medical records indicated a history of gastritis and chronic NSAID use. Treatments to date include activity modification, medication therapy, physical therapy, epidural steroid injections and radiofrequency ablation. Currently, she complained of ongoing pain in the low back and neck with radiation to the lower extremities. On 7-23-15, the physical examination documented lumbar tenderness with decreased range of motion, tenderness to muscles and facet joints, with myofascial tenderness and trigger points noted. There were multiple positive diagnostic tests listed. The plan of care included a prescription for Omeprazole 20mg #30 with four refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

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 #30 with four refills 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 status post two-level fusion lumbar spine; herniated disc C-5 - C6 and C6 - C7; status post hardware injections times six under fluoroscopy; acute exacerbation chronic low back pain; hardware pain; cervical facet capsular tear; increasing radicular pain L3 - L4 disk space; likely SI joint pathology; and secondary myofascial pain. Date of injury is August 30, 2000. Request for authorization is dated July 24, 2015. According to a July 29, 2015 progress note and a peer-to-peer conference call, the injured worker is a 66-year-old with low back pain and stiffness that radiates to the left leg. Current medications include ibuprofen 800 milligrams, butrans 5 mg, ambien and omeprazole. Omeprazole was started January 20, 2015. According to the peer-to-peer conference call, the injured worker takes ibuprofen and has a history of gastritis. The injured worker is followed every three months. The treating provider is requesting a one-month supply of omeprazole 20 mg with four refills. Although Omeprazole is indicated for gastritis, 2 refills provide ample coverage of Omeprazole. #4 refills are excessive. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg #30 with four refills is not medically necessary.