

Case Number:	CM15-0148846		
Date Assigned:	08/12/2015	Date of Injury:	10/29/2014
Decision Date:	09/24/2015	UR Denial Date:	07/18/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old female, who sustained an industrial injury on October 29, 2014 while working as a behavioral aid. The injury occurred while the injured worker was assisting a resisting client into a van. The injured worker experiences a pulling sensation in her back. The diagnoses have included lumbar strain with right lower extremity radiculopathy with probable disc herniation and left elbow sprain-strain. Treatment and evaluation to date has included medications, radiological studies, MRI and physical therapy. Current medications included Naproxen, Omeprazole. The injured worker was noted to be temporarily totally disabled. Current documentation dated July 15, 2015 notes that the injured worker reported low back pain radiating to the right foot, with associated numbness and tingling. The injured worker also noted pain in the right elbow radiating to the small finger with numbness and tingling. Other subjective complaints included stomach pain with taking medications, poor memory, poor concentration, poor sleep, crying spells and depression. Examination of the lumbar spine revealed tenderness and severe loss of range of motion. A straight leg raise test was positive on the right. Examination of the left elbow revealed medial and lateral epicondyle tenderness with a decreased range of motion. A Tinel's sign was positive. The treating physician's plan of care included a request for Omeprazole 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient was injured on 10/29/14 and presents with low back pain radiating to the right foot and left elbow pain radiating to the left small finger. The request is for OMEPRAZOLE 20 MG #60. The RFA is dated 06/22/15 and the patient is on temporary total disability until 07/29/15. MTUS Guidelines, NSAIDS, page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with lumbar strain with right lower extremity radiculopathy with probable disc herniation and left elbow sprain-strain. As of 06/03/15, the patient is taking Norco, Ativan, and Zoloft. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Omeprazole IS NOT medically necessary.