

Case Number:	CM15-0149615		
Date Assigned:	08/12/2015	Date of Injury:	03/08/2011
Decision Date:	09/15/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/01/2015

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 64 year old female, who sustained an industrial injury on 3-08-2011. She reported pain in her back and right knee from continuous trauma. The injured worker was diagnosed as having lumbar radiculopathy, multilevel herniated nucleus pulposus of the lumbar spine with stenosis, respiratory condition, possible due to chemical exposure at work, and status post right knee arthroscopic surgery on 7-23-2012. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of low back pain, right lower extremity symptoms, and right knee pain. Her pain was rated 5 out of 10. She reported continued relief of her right knee pain after surgical intervention. She reported running out of Norco 3 days earlier and was using this as needed for pain. She also continued Voltaren and Prilosec once daily. She denied side effects from medications and reported that they decreased pain and normalized function. Work status was temporary partial disability. The treatment plan included continued medications. An agreed medical re-examination (10-10-2013) noted the use of Omeprazole on an average of three times per week due to stomach pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole CAP 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with low back pain rated 5/10. The request is for OMEPRAZOLE CAP 20MG. The request for authorization is not provided. MRI of the lumbar spine, 08/09/11, shows degenerative disc disease with facet arthropathy and retrolisthesis L1-2 with grade I anterolisthesis at L5-S1; canal stenosis including L4-5 mild; neural foraminal including L1-2 mild to moderate left, caudal right; L2-3 mild left; L3-4 mild to moderate right; L4-5 mild to moderate right; L5-S1 caudal left, mild right. EMG/NCV of the lower extremity, 07/19/11, shows abnormal study; there is evidence of right S1 radiculopathy. Physical examination reveals tenderness to palpation to the bilateral lumbar paraspinals, and lumbar spine midline. Range of motion of lumbar spines is decreased in all planes. Decrease sensation right L3, L4, L5 and S1 dermatomes to light touch. Positive Hoffmann's bilaterally. The patient has had 22 sessions of chiropractic physiotherapy that helped decrease her pain. Acupuncture therapy, however, did not help her. Home exercise program is encouraged. Ice modalities were encouraged. Patient's current medications include Ultracet, Voltaren and Prilosec. Per progress report dated 06/10/15, the patient is permanent and stationary. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 06/10/15, treater's reason for the request is "for gastritis." The patient has been prescribed Omeprazole since at least 04/23/13. In this case, the patient is prescribed Voltaren ER, an NSAID. However, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. The request does not meet MTUS guidelines indication. Therefore, the request IS NOT medically necessary.