

Case Number:	CM15-0184283		
Date Assigned:	09/24/2015	Date of Injury:	02/26/2007
Decision Date:	10/30/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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: Emergency 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 54 year old male, who sustained an industrial injury on 2-26-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar facet syndrome, pain in the lower and-or upper extremity, myofascial pain, lumbar radiculopathy, and gastritis. On 8-24-2015, the injured worker reported low back pain with radiation to the lower extremity with numbness and tingling intermittently. The Primary Treating Physician's report dated 8-24-2015, noted medications helped the injured worker with the pain about 40-50%, keeping his pain under control. The injured worker was noted to have no side effects when taking the Omeprazole. Gabapentin and Lidopro cream were noted to help with the injured worker's neuropathic pain and kept his functionality, working part time as a security guard. The physical examination was noted to show the injured worker with an antalgic gait with tenderness to palpation, decreased lumbar range of motion (ROM), reflexes abnormal, and decreased sensation to the left greater than right lower extremity. The treatment plan was noted to include refill of medications including Gabapentin, Omeprazole, and Lidopro ointment, all prescribed since at least 3-17-2015, with the Naproxen held due to the injured worker's hypertension, and continued use of TENS unit and heating pads. The request for authorization dated 8-24-2015, requested Omeprazole capsule 20mg #60. The Utilization Review (UR) dated 9-10-2015, non-certified the request for Omeprazole capsule 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version) Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested Omeprazole cap 20mg #60, is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has a history of gastritis and was noted to have no side effects when taking the Omeprazole. Gabapentin and Lidopro cream were noted to help with the injured worker's neuropathic pain and kept his functionality, working part time as a security guard. The physical examination was noted to show the injured worker with an antalgic gait with tenderness to palpation, decreased lumbar range of motion (ROM), reflexes abnormal, and decreased sensation to the left greater than right lower extremity. The treating physician has documented GI distress symptoms necessitating use of the PPI medication. The criteria noted above having been met, Omeprazole cap 20mg #60 is medically necessary.