

Case Number:	CM15-0184333		
Date Assigned:	09/24/2015	Date of Injury:	05/01/2012
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old female sustained an industrial injury on 5-1-12. Documentation indicated that the injured worker was receiving treatment for bilateral carpal tunnel syndrome, right shoulder impingement with rotator cuff tendinopathy and acromial joint osteoarthopathy, stress and anxiety. Previous treatment included bilateral carpal tunnel release, cognitive behavioral therapy and medications. In a PR-2 dated 5-27-15, the injured worker's subjective complaints were difficult to decipher. The injured worker was status post treatment for helicobacter pylori with no bleeding or melena. Current diagnoses included gastropathy secondary to anti-inflammatory medications. The physician recommended stopping all non-steroidal anti-inflammatory medications and a prescription for Omeprazole. In a PR-2 dated 6-10-15, the injured worker complained of abdominal pain between medications despite taking Omeprazole twice a day. The injured worker reported that she was still taking non-steroidal anti-inflammatory medications due to pain. The physician discussed stopping all non-steroidal anti-inflammatory medications with the injured worker and prescribed Omeprazole and Vitamin D3. In a PR- 2 dated 8-6-15, the injured worker complained of abdominal pain that was better controlled with medications. The injured worker noted no bleeding, melena or hematochezia. The treatment plan included Omeprazole and vitamin D3. On 9-1-15, Utilization Review noncertified a request for Vitamin D3 200iu and Omeprazole 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D3 200iu: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Vitamin D (Cholecalciferol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Vitamin D.

Decision rationale: The MTUS guidelines are silent on the use of Vitamin D. Per the ODG guidelines with regard to Vitamin D: "Not recommended for the treatment of chronic pain based on Recent research below. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Adjusting for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low vitamin D levels." The documentation submitted for review does not contain evidence of vitamin D deficiency, the request is not medically necessary.

Omeprazole 20mg 1 tab 2x/day as needed #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for

cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)." Per the medical records, it is noted that the injured worker has gastropathy secondary to NSAID use. I respectfully disagree with the UR physician's assertion that the injured worker is not at risk of GI event. The request is medically necessary.