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| Case Number: | CM15-0185179 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 08/23/2013 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Family Practice

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 40 year old male who sustained an industrial injury on 8-23-2013. A review of medical records indicates the injured worker is being treated for low back pain, left shoulder pain, left wrist pain , status post ORIF, left knee pain, left heel pain, and neck pain. Medical records dated 8-27-2015 noted ongoing neck and left upper and left lower extremity pain. The injured worker notes pain with Norco was a 2 out 10. It was documented that he takes omeprazole that it helps GI upset. He has sensitivity to oral medications and that it causes nausea and sharp epigastric pains with cramping at the epigastric area when he does not have access to omeprazole to take with his medications. Physical examination noted significant tenderness to the left shoulder with decreased range of motion and ongoing tenderness to the cervical and lumbar paraspinal muscles. Treatment has included Norco, Naproxen, and omeprazole since at least 8-27-2014. RFA dated 8-27-2015 requested Omeprazole. Utilization review dated 9-14-2015 non-certified Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Omeprazole: 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: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the injured worker is being prescribed naproxen 550 mg #60. The injured worker is reporting nausea and sharp epigastric pains with cramping at the epigastric area when he does not have access to omeprazole to take with his medications. He reports improvement with utilization of first line proton pump inhibitor omeprazole. The medical records note that the injured worker is utilizing this Omeprazole 20 mg p.r.n. which is supported. However, it should be noted that proton pump inhibitor utilization should be limited as much as possible. Per the MTUS guidelines, long-term use of proton pump inhibitors leads to an increased risk of hip fractures. Therefore, the request for unknown prescription of Omeprazole is medically necessary and appropriate.