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| Case Number: | CM15-0185921 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 11/02/2007 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/20/2015 |
| 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: Preventive Medicine, Occupational 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:

This is a 62-year-old male with a date of industrial injury 11-2-2007. The medical records indicated the injured worker (IW) was treated for status post right L4-5 microdiscectomy; stroke with hemiparesis; H. pylori positive; and depression and adjustment disorder. In the 7-16-15 and 8-13-15 progress notes, the IW reported back pain rated 4 to 6 out of 10, with bilateral leg pain, weakness, pins and needles sensations, swelling and numbness, rated 4 to 5 out of 10. Medications included Norco, Furosemide, Lisinopril, Metformin, Plavix, Simvastatin, Bethanechol and Omeprazole (since at least 4-17-14). Objective findings on 8-13-15 included lumbar pain with radicular symptoms to the right lower extremity. There was 3 out of 5 weakness in the right dorsiflexors and tenderness from the right calf to the bottom of the foot with minimal swelling. There was left leg paralysis with swelling. The IW was confined to a wheelchair and was unable to ambulate without assistance, which prohibited further testing. There was pain to palpation over the lower lumbar spine and myofascial pain with triggering and spasm. Treatments included medications, cognitive behavioral therapy and physical and aqua therapy. There was no documentation of gastrointestinal complaints. A Request for Authorization was received for Omeprazole 20mg, enteric-coated capsule one twice daily, #60 with 3 refills. The Utilization Review on 8-20-15 non-certified the request for Omeprazole 20mg, enteric coated capsule one twice daily, #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg enteric coated capsule, Qty 60 with 3 refills, 1 by mouth 2 times daily:
Upheld

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: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for Omeprazole 20 mg enteric coated capsule, Qty 60 with 3 refills, 1 by mouth 2 times daily is determined to not be medically necessary.