

<b>Case Number:</b>	CM15-0195597		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old male who sustained an industrial injury on 5-5-2011. A review of the medical records indicates that the injured worker is undergoing treatment for essential, benign hypertension, heart disease and esophageal reflux. According to the progress report dated 8-14-2015, the injured worker's gastrointestinal symptoms were better on Omeprazole and his blood pressure at home was normal. The physical exam (8-14-2015) revealed regular heart rate and rhythm. Treatment has included medications (Omeprazole and Ramipril since at least May 2015). The original Utilization Review (UR) (9-25-2011) modified a request for Omeprazole from #200 with 3 refills to #180 with no refills and modified a request for Ramipril from #200 with 3 refills to #180 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #200 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 09/08/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Omeprazole: Drug information. Topic 9718, version 177.0. UpToDate, accessed 11/17/2015.

**Decision rationale:** Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs with numbness and tingling, right shoulder pain, pain in both knees, and painful nodules in the left hand with itching. There was no discussion reporting the worker had any of the above conditions, or describing special circumstances that sufficiently supported this request. Further, the request was for a large number of pills and a large number of refills, which would not allow for changes in the worker's care needs. For these reasons, the current request for 200 tablets of omeprazole 20mg with three refills is not medically necessary.

**Ramipril 10mg #200 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/altace-ramipril-342331>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ramipril: Drug information. Topic 9851, version 153.0. UpToDate, accessed 11/13/2015.

**Decision rationale:** Ramipril is a medication in the angiotensin-converting enzyme inhibitor (ACEI) class. The MTUS Guidelines are silent on this issue. This medication is FDA-approved for the treatment of high blood pressure and of heart failure after a heart attack. It is also approved to decrease the risk of heart attack, stroke, and death from heart and blood vessel problems for those older than age 55 years who have a high risk of having these complications. There is some literature to also support the use of ramipril in the treatment of heart failure that has a low heart output and to slow the development of kidney, heart, and blood vessel problems in those with both high blood pressure and diabetes. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs with numbness and tingling, right shoulder pain, pain in both knees, and painful nodules in the left hand with itching. These records reported the worker was suffering from high blood pressure. However, the request was for a large number of pills and a large number of refills, which would not allow for changes in the worker's care needs. For these reasons, the current request for 200 tablets of ramipril 10mg with three refills is not medically necessary.