

Case Number:	CM15-0196659		
Date Assigned:	10/12/2015	Date of Injury:	11/13/2003
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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 44 year old male, who sustained an industrial injury on 11-13-2003. The injured worker was diagnosed as having right shoulder pain, status post right shoulder subacromial decompression, lumbar facetal pain, right sacroiliitis, clinically consistent cervical radiculopathy, bilateral knee pain, and insomnia secondary to pain. Treatment to date has included diagnostics, right shoulder surgery in 2005 and 2007, sacroiliac joint injection, lumbar facet joint injection, mental health treatment, and medications. On 8-11-2015, the injured worker complains of persistent neck pain with radiation to the bilateral shoulders and right upper extremity, associated with numbness and tingling in the right upper extremity. He also complained of persistent low back pain with radiation to the lower thoracic region, worse on the right side. His work status was modified with restrictions and he was currently working full time. Medications for pain (Hydrocodone) helped pain and increased activity tolerance, noting no adverse effects with medication use. A review of symptoms was positive for gastrointestinal reflux. A physical exam of the abdomen was not noted. Medication use included Norco and Omeprazole since at least 2-2015. The treatment plan included Omeprazole 20mg #30, non-certified by Utilization Review on 9-09-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

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 anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish that the injured worker meets the criteria for being prescribed proton pump inhibitor. The injured worker is not being prescribed NSAIDs (non-steroidal anti-inflammatory medications) and the medical records do not establish that the injured worker is at high risk for developing gastrointestinal events. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. As noted by ODG, "Risks: Decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI)." The request for Omeprazole 20mg #30 is not medically necessary and appropriate.