

Case Number:	CM15-0198332		
Date Assigned:	10/13/2015	Date of Injury:	03/08/2012
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, 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:

This is a 65 year old female patient, who sustained an industrial injury on 3-8-12. She reported low back pain. The diagnoses include multilevel lumbar discogenic disease and lumbar radiculopathy of bilateral lower extremities. Per the doctor's note dated 7-14-15, the patient had complaints of low back pain and leg pain. The treating physician noted "Omeprazole is used to address gastrointestinal issues secondary to other medications prescribed." The patient had been taking Omeprazole since at least February 2015. The medications list includes Neurontin and Omeprazole. Treatment to date has included lumbar epidural steroid injections, facet blocks, physical therapy, acupuncture, injections, and medication including Neurontin and Omeprazole. On 7-14-15 he treating physician requested authorization for Omeprazole 20mg #60. On 9-9-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Omeprazole cap 20mg #60: 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 Chapter (09/03/2015).

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

Decision rationale: Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (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). Per the records provided Omeprazole was used to address gastrointestinal issues secondary to other medications prescribed. The details of these gastrointestinal issues and which prescribed medication caused such issues was not specified in the records provided. The details of the NSAIDs taken by this patient, along with the name of the medication, dose, frequency and duration were not specified in the records provided. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Pharmacy purchase of Omeprazole cap 20mg #60 is not fully established for this patient.