

Case Number:	CM15-0200366		
Date Assigned:	10/15/2015	Date of Injury:	03/07/2012
Decision Date:	11/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Physical Medicine & Rehabilitation

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 53 year old male who sustained an industrial injury on 03-07-2012. A review of the medical records indicated that the injured worker is undergoing treatment for chronic low back pain, congenital spinal stenosis, myofascial pain, gastritis and depression. The injured worker has a medical history of hypertension. The injured worker is status post bilateral L4 and L5 transforaminal epidural steroid injection in 02-2014. According to the treating physician's progress report on 08-07-2015, the injured worker continues to experience low back pain radiating down both legs with numbness and tingling in the feet. The injured worker rated his pain at 8 out of 10 on the pain scale. Evaluation noted an antalgic gait with tenderness to palpation over the bilateral lower lumbosacral facet joints. Back flexion was 20%-30%, extension limited and painful and lateral rotation painful. There was tightness in the lower back with straight leg raise. Motor strength, deep tendon reflexes and sensation were within normal. Lumbar spine magnetic resonance imaging (MRI) performed in 01-2015 within the progress note dated 06-29-2015 noted L3-4 and L4-5 mild stenosis, disc degeneration, compression of exiting L5-S1 nerves and moderate bilateral foraminal stenosis. Electrodiagnostic studies of the lower extremities performed in 11-2014 documented left sided lumbar radiculopathy of L4 through S1 according to the progress report on 06-29-2015. Prior treatments have included diagnostic testing, lumbar epidural steroid injections times 2, physical therapy, home exercise program, transforaminal epidural steroid injection, urology consultation, psychiatric evaluation, cognitive behavioral therapy (CBT), lumbar support, acupuncture therapy (1 visit) and medications. Current medications were listed as LidoPro ointment and Omeprazole. Treatment plan consists

of follow-up with urologist, serum testosterone levels, psychiatric follow-ups on a regular basis and the current retrospective request for Omeprazole 20mg #60 (DOS: 08-07-2015). On 09-16-2015 the Utilization Review determined the retrospective request for Omeprazole 20mg #60 (DOS: 08-07-2015) was not medically necessary since the injured worker was no longer on non-steroidal anti-inflammatory drugs (NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg, #60 (DOS: 08/07/2015): Overturned

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: Based on the 8/7/15 progress report provided by the treating physician, this patient presents with back pain radiating down bilateral legs with numbness/tingling in his feet with pain rated 8/10. The treater has asked for Retrospective Omeprazole 20mg, #60 (DOS: 08/07/2015). The patient's diagnoses per request for authorization dated 8/7/15 are lower back pain, extremity weakness, urinary incontinence unspecified, depression major not specified, ED, and urinary dysfunction. The patient is s/p 2 epidural steroid injection in February 2014 and September 2014 which did not help per 8/7/15 report. The patient's pain worsens with activity and with bending, twisting, prolonged standing, or lifting more than 5 pounds per 8/7/15 report. The patient has had recent weight loss due to hospitalization per 7/1/15 report. The patient is currently not working as of 7/1/15 report. MTUS, NSAIDs, GI symptoms & cardiovascular risk section, pg. 68, 69: that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65, 2. History of peptic ulcer disease and GI bleeding or perforation, 3. Concurrent use of ASA or corticosteroid and/or anticoagulant, 4. High dose/multiple NSAID...NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. Prilosec has been prescribed as early as 3/20/15 report and in subsequent reports dated 4/8/15, 5/15/15, and 7/6/15. Per progress report dated 7/6/15, the patient is taking Naproxen and the treater states that "Omeprazole 20mg is helpful for managing his gastric issues [which] continue but are not worsening." MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. The patient has a diagnosis of gastritis and a history of appendectomy/hyperlipidemia/BPH per 7/6/15 report. Considering the patient's history of gastrointestinal problems and documentation of benefit, the request for continuation of Prilosec appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.