

Case Number:	CM15-0204914		
Date Assigned:	10/21/2015	Date of Injury:	06/11/2014
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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:

The injured worker is a 48 year old female, who sustained an industrial injury on 6-11-14. The injured worker was diagnosed as having NSAID-induced gastritis with history of PUD, history of gastric bypass, bilateral knee degenerative joint disease, bilateral hand and wrist degenerative joint disease and lumbar spine myofascial pain syndrome. Subjective findings (5-4-15) indicated bilateral hand pain, lumbar pain and right ankle pain. The injured worker rated her pain 9 out of 10. Objective findings (5-4-15) revealed normal wrist range of motion. As of the PR2 dated 9-29-15, the injured worker reports numbness and weakness in the left upper extremity. The treating physician noted a positive trigger point cord at the left trapezius. Current medications include Gabapentin-Acetaminophen, Tylenol ES, Methocarbamol-Glucosamine, Misoprostol, topical medications and Omeprazole. Treatment to date has included cardio-respiratory testing. The Utilization Review dated 10-9-15, non-certified the request for Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (web: updated 9/22/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function. 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 pain in both hands, the lower back, and both knees. While there was no documented symptom assessment and details were not provided, these records suggested the worker had new findings consistent with a probable (or known) flare of the worker's prior ulcer disease. In light of this supportive evidence, the current request for 60 capsules of Omeprazole 20mg is medically necessary.