

Case Number:	CM15-0213690		
Date Assigned:	11/03/2015	Date of Injury:	09/18/2013
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/29/2015

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: New Jersey
 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 55 year old female, who sustained an industrial injury on September 18, 2013. The injured worker was diagnosed as having right sprain and strain, right knee sprain and strain, bulging disc of the lumbar three to four per magnetic resonance imaging, and right facet syndrome at lumbar five to sacral one. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, and use of a heating pad. In a progress note dated September 30, 2015 the treating physician reports complaints of pain to the right shoulder with radiating pain to the right lower extremity, along with pain to the right knee and to the lumbar spine with radiating pain to the right hip. Examination performed on September 30, 2015 was revealing for tenderness to the right trapezius muscles, tenderness to the lumbar spine with spasm, tenderness to the right lumbar five to sacral one facet joint, decreased range of motion to the lumbar spine, and "slight" swelling to the right knee. The injured worker's medication regimen on September 30, 2015 included Tramadol and Prilosec since at least July 08, 2015. The injured worker's pain level on September 30, 2015 was rated a 5 out of 10 to the right shoulder, a 0 to 8 out of 10 to the right knee, and a 9 out of 10 to the lumbar spine, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress notes from September 30, 2015 and July 08, 2015 did not indicate if the injured worker was experiencing any gastrointestinal symptoms. On

September 30, 2015 the treating physician requested Omeprazole 20mg with a quantity 60 noting current use of this medication. On October 13, 2015 the Utilization Review determined the request for Omeprazole 20mg with a quantity 60 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 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) 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 Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that 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. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was no clear record of currently taking an NSAID, nor was there any information provided in the notes suggesting any factors which would increase the risk of gastrointestinal event to warrant ongoing PPI use. Therefore, without a clear indication and justification for Prilosec to be used regularly and considering the significant long-term side effects from this medication, it will be considered medically unnecessary. Weaning may be indicated.