MAXIMUS Federal Services

Case Number:	CM15-0214447		
Date Assigned:	11/05/2015	Date of Injury:	06/03/2014
Decision Date:	12/24/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/30/2015

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, North Carolina
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 30 year old male who sustained an industrial injury on 06-03-2014. According to a progress report dated 06-10-2015, the injured worker reported that his pain was unchanged. He reported having stomach discomfort with Naproxen. Diagnoses included low back pain, chronic pain, left sacroiliac joint dysfunction and muscle spasms. The treatment plan included Cyclobenzaprine, Naproxen and trial Omeprazole to protect stomach. On 06-17-2015, the injured worker reported that stomach pain was improved with Omeprazole. According to a progress report dated 10-05-2015, the injured worker was still in pain. He was taking Gabapentin three times a day and this was working for him. When he had pain, it felt like throbbing and tingling at times. He slept about 7 hours per night. He was walking 4-5 times a week for exercise. The treatment plan included continuation with Gabapentin, Naproxen and Omeprazole. Gabapentin was increased. Work status was not addressed in this report. On 10-23-2015, Utilization Review non-certified the request for Omeprazole 20 mg #60.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The request is for Omeprazole to protect the stomach from the chronic NSAID (Naprosyn) that the patient is taking. PPIs such as Omeprazole are indicated in patients at risk for GI events, defined as 1) those over 65 years of age; 2) those with a history of GI hemorrhage, PUD or perforation; 3) those taking concomitant ASA, corticosteroids or anticoagulants; and 4) those on high/dose multiple NSAIDs. This patient does not meet any of the above criteria for use of Omeprazole and there is no other GI condition requiring treatment with a PPI. The patient is at low risk for adverse events. In addition, long-term use of PPIs is associated with hip fractures. Consideration should be given to discontinuing long-term NSAIDs, as they are associated with increased cardiovascular and GI events. The request is therefore not medically necessary or appropriate.