

Case Number:	CM15-0217238		
Date Assigned:	11/09/2015	Date of Injury:	03/08/2011
Decision Date:	12/28/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/04/2015

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 38 year old female, who sustained an industrial-work injury on 3-8-11. A review of the medical records indicates that the injured worker is undergoing treatment for backache and mood disorder. Treatment to date has included pain medication, Lidoderm patch, Flector patch, Latuda, Alprazolam, Mirtazapine, Omeprazole since at least 6-19-15, and other modalities. Medical records dated 9-25-15 indicate that the injured worker complains of increased pain since last visit rated 6 out of 10 on the pain scale with medications and sleep is poor and activity level has decreased. She reports neck and back pain which has been present on and off for several years. Per the treating physician report dated 9-25-15 the work status is that she may return to work with restrictions. The physical exam reveals tenderness in the cervical and lumbar spine and positive lumbar facet loading. There are no gastrointestinal complaints noted and there is no documented history of peptic ulcer, GI bleeding or perforation. The physician indicates that she has good benefit from the medications and is able to function without the use of narcotics. With the medications she is able to perform household tasks. The request for authorization date was 9-25-15 and requested service included Omeprazole 40mg #30 with 3 refills. The original Utilization review dated 10-5-15 non-certified the request for Omeprazole Dr 40mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 40mg #30 with 3 refills: Upheld

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: The patient presents with neck and back pain. The request is for OMEPRAZOLE DR 40MG #30 WITH 3 REFILLS. The request for authorization form is dated 09/25/15. MRI of the lumbar spine, 05/2011, is unremarkable. Patient's diagnoses include backache NOS; mood disorder. Physical examination of the cervical spine reveals hypertonicity and tenderness is noted on both the sides. Exam of lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine. On palpation, paravertebral muscles, hypertonicity and tenderness is noted on both the sides. Lumbar facet loading is positive on both sides. On sensory examination, light touch sensation is patchy in distribution. The patient needs to have ongoing psychiatric management. She has a history of suicidal ideation and has been hospitalized several times in the past. The patient has good benefit from medications and is able to function during the day without the use of narcotics. Patient's medications include Omeprazole, Lidoderm, Flector Patch, Levothyroxine, L-Methylfolate, Latuda, Alprazolam, Mirtazapine, Clonazepam, and Sertraline. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Omeprazole on 06/19/15. However, the patient is not on an oral NSAIDs to consider PPI for prophylactic use. Review of provided medical records do not show evidence of gastric problems that would require treatments with PPI's. There is no mention of any problems with GI issues. Therefore, the request IS NOT medically necessary.