

Case Number:	CM15-0042119		
Date Assigned:	03/12/2015	Date of Injury:	09/07/2006
Decision Date:	04/24/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/05/2015

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 57-year-old male with an industrial injury dated September 7, 2006. The injured worker diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain and myofascial pain. He has been treated with diagnostic studies, prescribed medications, epidural steroid injections and periodic follow up visits. According to the progress note dated 01/15/2015, the injured worker reported ongoing non-radiating low back pain and lower cervical and thoracic pain. Physical exam revealed tenderness to palpitation of lumbar spine and mid thoracic spine. The treating physician impression consisted of lumbar degenerative disc disease and cervical and thoracic degenerative disc disease. The treatment plan included medication management. The treating physician prescribed Omeprazole 20mg #60 now under review.

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 Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic pain; Muscle relaxants; Cyclobenzaprine (Flexeril); Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68; 41-42; 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient presents with lumbar spine and neck pain. The physician is requesting Omeprazole 20 mg quantity 60. The RFA dated 01/14/2015 shows a request for Omeprazole 20 mg. The patient's date of injury is from 09/07/2006 and he is currently permanent and stationary. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed omeprazole on 08/14/2014. None of the reports document gastrointestinal events. The patient's current list of medications include Cyclobenzaprine and Naproxen. In this case, the routine use of PPI's is not supported by the MTUS guidelines without documentation of gastrointestinal issues. The request is not medically necessary.