

Case Number:	CM14-0005977		
Date Assigned:	03/03/2014	Date of Injury:	03/06/2001
Decision Date:	08/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female injured on 03/06/01 due to undisclosed mechanism of injury. Current diagnoses included MLS sprain, cervical spine with upper extremities radiculitis, lumbar spine fusion with mediocre results, status post removal of hardware from lumbar spine fusion, secondary recent injury to right knee due to leg weakness from the lumbar spine. Clinical note dated 08/07/13 indicated the injured worker presented complaining of constant low back pain radiating to bilateral lower extremities with associated numbness and tingling. Drug monitoring results reviewed with injured worker; however, the results of those tests were no provided for review. Prescriptions for Norco 5-325mg #30, Biotherm four ounces, Flexeril 10mg #30, Mobic 7.5mg #30 and tramadol 50mg #200 x 6 refills were provided. The initial request for omeprazole 20mg #60 with six refills, hydrocodone/acetaminophen 5/325mg #30 with six refills, meloxicam 7.5mg #60 with six refills, tramadol 50mg #200 with six refills and cyclobenzaprine 10mg #30 with six refills was non-certified on 12/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #60 WITH 6 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drugs (NSAID) (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for omeprazole 20 mg #60 with 6 refills cannot be established as medically necessary.