

Case Number:	CM14-0123681		
Date Assigned:	08/08/2014	Date of Injury:	04/02/2010
Decision Date:	10/02/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/05/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 56-year-old male who has submitted a claim for increased pain over the lower back with lumbar degenerative disorder, lumbosacral or thoracic neuritis or radiculitis, cervical sprain or strain of neck, and cervical radiculitis associated with an industrial injury date of 04/02/10. Medical records from 2013 to 2014 were reviewed. Latest progress report of 08/05/14 indicated that patient complained of increased pain in the lower back over the last two weeks rated 6/10. The patient has been using medications to help control the pain, and enabled the patient to remain functional. There were no side effects from the medications. Improvement was noted following acupuncture sessions with decreasing pain and increased activity level. On physical examination, there was minimal tenderness at the lumbar paraspinal musculature, the ROM of the lumbar spine was likewise decreased. Treatment to date included physical therapy, TENS, medications (Cymbalta, Lexapro, Trazodone, Tramadol and Omeprazole starting 07/16/13) and acupuncture. Utilization review from 07/21/14 denied the request for Omeprazole 20mg 1 tab twice a day #60 as the records review did not reveal the presence of gastritis or use of NSAIDs which could substantiate the need for the PPI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms Page(s): 68,69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, only patients who are at intermediate risk for gastrointestinal events are given a PPI. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient has been on Omeprazole since July 2013. Patient is a 56-year-old, with no concurrent use of ASA, corticosteroids or an anticoagulant or NSAIDs, and no documentation of a history of gastrointestinal events nor is there presentation of GI symptoms, hence is not considered to be at intermediate risk for gastrointestinal events. Likewise, long term use of PPIs (>1 year) has been shown to increase the likelihood of hip fractures. Overall, there was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Omeprazole 20mg 1 tab twice a day #60 is not medically necessary.