

Case Number:	CM14-0131242		
Date Assigned:	08/20/2014	Date of Injury:	01/13/2006
Decision Date:	10/20/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain Management 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:

The injured worker is a 57-year-old male who sustained an injury on January 13, 2006. His chief complaints included low back pain, bilateral leg pain, intermittent rib stimulation from spinal cord stimulator, no stimulation felt on left side from spinal cord stimulator. As per 7/2/14 report the worker presented with lower backache rated as an average at 6/10. He recently completed a continuous positive airway pressure test which indicated moderate to severe sleep apnea. On exam he had normal objective findings. X-ray of thoracic spine from October 26, 2013 indicated that the spinal cord stimulator leads pulled back from T7 to T8. He had lumbar discectomy and fusion in August 2007, permanent spinal cord stimulator (SCS) placement in November 2009, and revision of spinal cord stimulator most recently in May 2014 and the pain is better managed since the revision of the spinal cord stimulator. Current medications include Omeprazole, Dendracin lotion, Zolpidem tartrate, Zofran, Voltaren, Effexor, Lactulose, gabapentin, Medrox ointment, Tramadol hydrochloride, Buprenorphine, atenolol, lisinopril and Topamax. He has been on Buprinex since March 2014 in order to get off Percocet. Tramadol was added in May 2014. He tried Lyrica with no benefit and so resumed Gabapentin. He had been able to discontinue Oxycodone and was on Buprenorphine, with reports of pain having increased. His diagnoses are lumbar or lumbosacral disc degeneration, post laminectomy syndrome of lumbar region, thoracic/lumbosacral neuritis or radiculitis not otherwise specified, encounter for long-term use of other medications, sleep disturbance not otherwise specified. The request is for Omeprazole delayed release 20mg daily Quantity 30 with 2 refills was denied on 7/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) opioids Page(s): 67-68.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state proton pump inhibitor medications such as Omeprazole (Prilosec) may be indicated for workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acids, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple nonsteroidal anti-inflammatory drugs. Treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy recommendation is to stop the nonsteroidal anti-inflammatory drugs, switch to a different nonsteroidal anti-inflammatory drug, or consider H2-receptor antagonists or a proton pump inhibitors. The guidelines recommend gastrointestinal protection for workers with specific risk factors; however, the medical records do not show the worker has met the above criteria. Thus, the request is not medically necessary per guidelines.