

Case Number:	CM14-0132125		
Date Assigned:	08/22/2014	Date of Injury:	09/13/2008
Decision Date:	10/07/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal 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:

The patient is a 52 year old male who was injured on 09/13/2008. The mechanism of injury is unknown. Prior treatment history has included TENS, home exercise program, Norco, Omeprazole, Gabapentin, Cymbalta, Alprazolam, and MS-Contin. Progress report dated 07/02/2014 documented the patient to have complaints of low back pain and left knee pain. He reported that MS-Contin works best for his pain. He reported he has been able to go from 4 Norco a day to 3 a day. The Gabapentin and Cymbalta are helping with his neuropathic pain. He reported his pain as an 8/10 without medications and 6/10 with medications. On exam, there is tenderness over the lumbar paraspinals, right more than left. There is pain with lumbar flexion, extension, and lateral bending and straight leg raise elicits low back pain. His left knee revealed pain on palpation of medial and lateral joint line and no swelling is present. He is diagnosed with lumbago, chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc disease and knee pain. He has a request for Omeprazole 20 mg for GI upset but there is no GI complaint or condition established in this report. Prior utilization review dated 08/05/2014 states the request for RETRO: Omeprazole 20mg DR #60-Dispensed 7/2/14 is not certified as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Omeprazole 20mg DR #60-Dispensed 7/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs): ODG/Pain

Decision rationale: The guidelines recommend PPI therapy for patients at risk for GI complications on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. The guidelines state that PPI are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. The clinical documents did state the PPI prevented GI symptoms related to pain medications but did not discuss the findings further. It is unclear what GI signs/symptoms the patient presented with and which medications were causative. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.