

Case Number:	CM14-0135923		
Date Assigned:	09/03/2014	Date of Injury:	06/27/2006
Decision Date:	10/08/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 36 year old female who reported an injury on 06/27/2006. Mechanism of injury was not provided. Diagnoses included chronic lower back pain, lumbar-sacral spondylosis. Past medical treatment included medications, radiofrequency ablation, physical therapy, and chiropractic treatment. The injured worker underwent surgery to the left knee. Diagnostic studies included an MRI of the left knee and an x-ray of the left knee. The clinical note dated 04/28/2014 noted the injured worker complained of low back pain radiating down right leg through the shin to the feet, rated a 4/10 on the VAS. The physical examination revealed palpable tenderness of the bilateral lumbar paraspinal muscles. Medications included Norco and Protonix. The treatment plan was for pharmacy purchase of Omeprazole 20mg #60. The rationale for the request was not submitted. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

pharmacy purchase of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Updated 7/10/14; Proton pump Inhibitors (PPIs)

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

Decision rationale: The request for pharmacy purchase of omeprazole 20mg #60 is not medically necessary. The injured worker has a diagnosis included chronic lower back pain, lumbar-sacral spondylosis. The injured worker is being treated with medications including Norco, and Protonix. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. There is lack of documentation the injured worker is prescribed an NSAID or aspirin regimen. The injured worker is also taking Protonix, which is a proton pump inhibitor. The requesting physician's rationale for prescribing two proton pump inhibitors is not indicated. There is lack of documentation of any plan of discontinuation of the current proton pump inhibitor. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. There is a lack of documentation indicating the injured worker has significant improvement with the medication. The request for omeprazole would not be indicated. Therefore the request is not medically necessary.