MAXIMUS Federal Services

Case Number:	CM14-0147104		
Date Assigned:	09/15/2014	Date of Injury:	02/22/2000
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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 Meidcine and is licensed to practice in California and Washington. 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 71-year-old female with a reported date of injury on 02/22/2000. Her diagnoses were noted to include lower leg joint pain, lumbar disc disease, myalgia and myositis, postlaminectomy to the lumbar region failed, and other symptoms referable to the back. Her previous treatments were noted to include knee surgery, facet blocks, radiofrequency ablations, TENS unit, medications, epidural steroid injections, trigger point injections and cognitive behavioral therapy. Her medication regimen was noted to include gabapentin ER 600 mg 2 tablets daily, omeprazole 20 mg delayed release 1 daily, Soma 350 mg one 3 times a day, oxycodone 5 mg 1 four times a day, and Linzess 145 mcg 1 daily. The progress note dated 08/07/2014 revealed complaints of low back to bilateral leg pain. The injured worker indicated her worst pain was her low back. The injured worker indicated the lumbar radiofrequency ablations had been very helpful with her low back pain. The injured worker indicated her most recent radiofrequency was 05/2014 and that it took longer to be effective, but relieved 75% of her back pain. The physical examination revealed 75% range of motion and there were 2 active tender trigger points to the lower lumbar areas bilaterally and tenderness over the lower facet joints. There was pain noted in the left lower buttocks and the left leg was positive with the straight leg raise. The sensation examination was equal bilaterally in the upper and lower extremities and the deep tendon reflexes were 1/4 to the Achilles bilaterally and 2/4 to the patella bilaterally. The Request for Authorization form dated 08/11/2014 was for omeprazole 20 mg capsules delayed release with 3 refills #30; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg Qty: 30 (30 day supply) with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Fmulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculato

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Omeprazole 20mg Qty: 30 (30 day supply) with 3 refills is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years; a history of peptic ulcer, gastrointestinal bleeding, or perforations; concurrent use of aspirin, corticosteroids and/or anticoagulants; or using high dose/multiple NSAID. There is a lack of documentation regarding efficacy or improved functional status with the utilization of this medication. Additionally, the injured worker does not have an NSAID listed to utilize this medication prophylactically. Therefore, the request is not medically necessary.