

Case Number:	CM14-0152563		
Date Assigned:	09/22/2014	Date of Injury:	01/03/2002
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/18/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 68-year-old male with a reported injury on 01/03/2002. The mechanism of injury was not reported. The injured worker's diagnoses included postlaminectomy syndrome, lumbar region, chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral discs, persistent disorder of initiating or maintaining sleep, essential hypertension, overweight, and adjustment disorder with mixed anxiety and depressed mood. The injured worker's previous treatments included medications, physical therapy, epidural injections, spinal cord stimulators, massage therapy, TENS unit, heat, and a cane. The injured worker's diagnostic testing included labs such as CBC, hepatic function panel, and testosterone level; an MRI of the lumbar spine with and without contrast on 10/26/2011; an MRI in 09/2000 prior to lumbar surgery; and an MRI of the lumbar spine in 2002 which showed evidence of fusion instrumentation with multilevel degenerative changes. The injured worker's previous surgeries included a back surgery in 2001, a lumbar fusion in 2002, hardware removal in 2003, spinal cord stimulator implant in 2004, and spinal cord stimulator removal in 2005. The injured worker was evaluated on 08/26/2014 for a medication follow-up stating his symptoms were stable. The injured worker specifically denied gastrointestinal upset. The clinician observed and reported no new numbness, weakness, pain, dizziness, diarrhea, nervousness, anxiety, insomnia, confusion, tremors, memory lapse, flushing, itching, bladder problems, lightheadedness, fatigue or malaise, drowsiness, double vision, blurred vision, constipation, diaphoresis, dry mouth, swelling, hallucinations or weird dreams, headaches, jerkiness, or nausea/vomiting. The clinician also reported that the injured worker appeared to be in moderate discomfort. The spinal curvature was normal. There was tenderness along the midline at T7 and surgical scars were noted. There were no trigger points or muscle spasms. The straight leg raise was normal. Facet areas were non-tender bilaterally and the facet loading test was negative. The injured worker was able to flex forward

and easily touch his feet and stand back up again without a problem. Piriformis tenderness was present bilaterally, left greater than right. The injured worker was able to stand on the toes without difficulty but standing on the heels was difficult. Sensation was decreased in the right dermatomal distribution of L5 and S1. The clinician's treatment plan was to continue his current treatment. The injured worker's medications included Methadone 5 mg 4 times a day, Naproxen 500 mg twice per day as needed, Cymbalta 60 mg once per day, and Omeprazole 20 mg once per day. The request was for Omeprazole 20 mg quantity 60. No rationale for this request was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: The request for Omeprazole 20 mg quantity 60 is not medically necessary. The injured worker did not have any complaints of gastrointestinal distress. The California MTUS Chronic Pain Guidelines do recommend the use of proton pump inhibitors for patients who are on non-steroidal anti-inflammatory drugs if they are also at high risk for gastrointestinal events. The injured worker is greater than 65 years of age but has no history of peptic ulcer; gastrointestinal bleeding or perforation was not using aspirin, corticosteroids or anticoagulant and was not on high dose or multiple non-steroidal anti-inflammatories according to the provided documentation. Additionally, the request did not include a frequency of dosing. Therefore, the request for Omeprazole 20 mg quantity 60 is not medically necessary.