

Case Number:	CM14-0180675		
Date Assigned:	11/05/2014	Date of Injury:	02/02/2000
Decision Date:	12/15/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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:

This is a patient with a date of injury of January 2, 2000. A utilization review determination dated October 16, 2014 recommends noncertification of Lidoderm. A progress report dated October 6, 2014 identifies subjective complaints of pain which is stable in his neck and shoulder with 20% improvement since starting treatment. The patient is working as an accountant and has discontinued use of Lyrica. He noticed that he is not as foggy and get things much clearer. He is also taking less Vicodin and would like to reduce further. He is also using Tylenol and Lidoderm patches. Omeprazole is being used for medicine induced gastritis. His pain is rated as 8/10. Objective examination findings are normal. There is no examination of the patient's musculoskeletal system. Diagnoses include cervicalgia, back pain, left shoulder pain, thoracic pain, and myofascial pain. The treatment plan recommends weaning down Vicodin, continue Lidoderm patches, continue Tylenol, and continue omeprazole. Lyrica was discontinued. A progress report dated June 30, 2014 recommends restarting Lidoderm since the patient has failed Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, Quantity: 60, twice daily by mouth, one refill, for management of symptoms related to the low back, cervical, thoracic and left shoulder, as an outpatient:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. It is acknowledged that the requesting physician has stated that the medicine is being prescribed for medicine induced gastritis. However, it is unclear how frequently the patient has gastritis complaints, how those complaints have responded to the omeprazole, and what medication may be causing the complaints as the patient is only listed as taking Tylenol, Lidoderm patches, and a weaning dose of Vicodin. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.