

Case Number:	CM14-0181698		
Date Assigned:	11/06/2014	Date of Injury:	07/29/2010
Decision Date:	12/16/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 46 year old male who was injured on 7/29/2010. The diagnoses are lumbar radiculopathy, low back pain, depression and insomnia. The MRI of the lumbar spine showed multilevel disc bulges, facet arthropathy, canal stenosis and foraminal narrowing. The patient completed PT, psychological treatments and epidural injections. On 8/21/2014, there was subjective complaint of pain score of 6/10 with medication and 7.5/10 without medications on a scale of 0 to 10. There was objective finding of decreased range of motion of the lumbar spine and positive straight leg raising test. The medications are Tylenol with Codeine and Butrans patch for pain and omeprazole for gastritis related to use of OTC ibuprofen. The patient is also utilizing Pristiq and Latuda from psychiatrists. A Utilization Review determination was rendered on 9/24/2014 recommending non certification for omeprazole DR 40mg #30 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 40mg 1 capsule daily #30, refill 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of gastritis in patients with risk factors who are on chronic non-steroidal anti-inflammatory drugs (NSAIDs) treatment for musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal complications. The records indicate that the patient reported significant gastritis symptoms with the use of NSAIDs for the treatment of the back pain. The symptoms were noted to resolve and was further prevented from recurring with prophylactic use of omeprazole. The criteria for the use of omeprazole DR 40mg #30 1 refill are met.