

Case Number:	CM14-0092948		
Date Assigned:	07/25/2014	Date of Injury:	06/05/2008
Decision Date:	09/19/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal 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 37-year-old male with a 6/5/2008 date of injury. A specific mechanism of injury was not described. 5/16/14 determination was non-certified given no indication that the patient receiving nonsteroidal anti-inflammatory medications or other medications known to cause gastric ulcers and/or erosions. 6/25/14 medical report identified cervical, thoracic, and lumbar pain rated 6/10. There were also complaints of depression, erectile dysfunction, and GERD symptomatology (per AME) currently stable on use of omeprazole. Exam revealed decreased range of motion in the cervical and lumbar spine, positive straight leg raise, and positive Spurling's sign. Medications refilled included Norco, Flexeril, Naproxen, omeprazole, and Viagra. There is mention of a 4/12/13 AME by [REDACTED] (Internal Medicine) with the following diagnoses: orthopedic injuries, sleep maintenance, insomnia due to orthopedic injuries and GERD secondary to orthopedic injuries, dyspnea-deconditioning did not raise to the level of ratable impairment. The patient was given 6% WPI for GERD and 10% WPI for sleep difficulties. 5/19/14 identified pain rated 3/10. It was again noted that the patient had GERD symptomatology per AME. The medications included the same above cited medications. There are several medical reports identifying the same findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Omeprazole capsule 20 mg one to two q.d (every day) (unspecified quantity/days supply) for symptoms related to cervical spine, thoracic spine, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. Mc Graw Hill, 2008; Physicians Desk Reference, 68th ed; www.RxList.com; Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com-Opioid Dose Calculator - AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. (Pain Chapter). Other Medical Treatment Guideline or Medical Evidence: The FDA states that it is indicated for the treatment of GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, etc. It is also commonly utilized to prevent/treat the gastric irritation common in patients utilizing chronic NSAID therapy.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient had documented chronic NSAID intake. In addition, there was an AME which provided 6% WPI for GERD due to chronic medication intake. There are several medical reports documenting such findings. In this context, the use of omeprazole is substantiated. However, the requesting provider did not identify the specific quantity requested for the medication, and in the context of this review, given inability to provide a modified certification of the medication to include a specific quantity/days supply, the request as made could not be considered medically necessary.