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| Case Number: | CM14-0210433 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 12/26/2007 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43 year old male welder injured his mid and lower back at work on 26 Dec 2007. He has been diagnosed with lumbar degenerative disc disease with radiculopathy, failed back syndrome, gastroesophageal reflux disease (GERD)/gastritis, organic erectile dysfunction and depression/anxiety secondary to chronic pain. He has complained of abdominal pain with morning nausea controlled with medications. At his most recent visit (26 Nov 2014) he complained of continued chronic, severe low back pain with radiation into groin and both legs. The pain had increased since his last visit making activities of daily living more difficult. He had worsening spasms in his lower back. The pain is 10/10 without medications and 5/10 with medications. Exam showed paraspinal lumbar tenderness, decreased range of motion, positive straight leg raise, abnormal heel walk, bilateral lower extremity muscle weakness (3-4/5), decreased pin prick sensation in left leg at L2-4 and S1 dermatomes and decreased but equal deep tendon reflexes in lower extremities. Lumbar MRI (27 Aug 2012) showed anterior fusion L5-S1, small disc bulge L4-5 with mild right foraminal stenosis, facet degenerative joint disease at L4-S1. Treatment has included surgery (L5-S1 anterior fusion Nov 2010), spinal cord stimulator (implanted Feb 2013, explanted 2014), physical therapy, chiropractic therapy, epidural steroid injection and medications (Prilosec, Colace, oxycodone, Viagra, cyclobenzaprine, Voltaren-XR, Prozac, and clonazepam).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Omeprazole (Prilosec) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease (GERD), laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory medications (NSAIDs) but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address the opioid-induced dyspepsia issue either. Since this patient is on chronic opioid and NSAID medications the potential for developing dyspepsia is significant. In fact, he is symptomatic for gastric upset and diagnosed with GERD/gastritis by an internal medicine specialist. Furthermore, his symptoms are controlled with use of Omeprazole. It follows that use of Omeprazole in this patient is appropriate.