

Case Number:	CM14-0212111		
Date Assigned:	01/02/2015	Date of Injury:	04/06/2012
Decision Date:	03/03/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Physical Medicine & Rehabilitation

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 50 year old male with the injury date of 04/06/12. All hand-written reports provided by the treater contain little information regarding the patient's condition, treatment history, medication, etc,. Per physician's report 11/11/14, the patient has low back pain, radiating down his right leg at 5/10. Gabapentin, Omeprazole, Mentherm and Fenoprofen are dispensed. The lists of diagnoses are: 1) S/P crush injury 2) CRPS/RSD right foot 3) Hx-GIPer 10/14/14 progress report, the patient has increased low back pain at 4-5/10. There is palpative tenderness over right side of lower back with muscle spasms. Omeprazole and Mentherm are dispensed. Per 08/19/14 progress report, the patient's right ankle pain radiates to right knee. The patient continues Heat therapy, Tramadol and HEP (GYM). Fenoprofen and Mentherm are dispensed. Per 07/22/14 progrss report, the patient has right ankle pain at 3-4/10 with increased right hip and low back pain. Mentherm is dispensed. The utilization review determination being challenged is dated on 12/04/14. Treatment reports were provided from 05/08/14 to 12/04/14, 05/23/14 to 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #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): 68-69.

Decision rationale: The patient presents with pain and weakness in his low back and right leg. The request is for OMEPRAZOLE 20mg #60. The patient is currently taking Gabapentin, Omeprazole, Mentherm and Fenoprofen. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, one of the treater's diagnoses is "history of GI" indicating some kind of GI issue in the past or currently but the treater does not discuss any on-going issues with GI system. There are not documentation of any reflux problems, stomach irritation or other symptoms. There is no description of GI risk assessment as required by MTUS for a prophylactic use of PPI for the patient's current oral NSAID. Given the lack adequate discussion regarding the need for PPI, the request IS NOT medically necessary.