

Case Number:	CM14-0213166		
Date Assigned:	12/30/2014	Date of Injury:	10/29/2009
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 41 year old man with a date of injury of 10/29/09 involving his low back and right hip. He was seen by his orthopedic provider on 11/13/14 with complaints of moderate back pain with radiation to his legs. He also had neck pain with radiation to his arms. A lumbar MRI in 10/14 did not show any significant nerve root compression. His exam showed tenderness and spasm through the base of his neck with a focal trigger point in the right paracervical area. This area was injected. He was guarded in neck motion and had pain at extremes of motion. His motor and sensory exams were normal in the upper extremities. It was felt that he had a 'failed fusion' after dynamic roentgenogram evaluation. A cervical spine MRI was recommended. He was provided with 'appropriate medications to maintain his condition' and counseled about the 'appropriate use of the medications and asked to contact the office immediately if any reactions develop'. Prior records document that his medications are hydrocodone -acetaminophen, gabapentin, omeprazole and orphenadrine. At issue in this review is the request for omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2009. His medical course has included an MRI and surgery and use of several medications including opioids and gabapentin. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.