

Case Number:	CM14-0218719		
Date Assigned:	01/08/2015	Date of Injury:	11/16/2011
Decision Date:	03/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona
 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 injured worker is a 36-year-old male who reported an injury on 11/16/2011. The mechanism of injury reportedly occurred while the injured worker was walking with a heavy granite slab and he felt a pop in his back. His diagnoses included lumbar disc degenerative disease and low back pain. His past treatments included medication. Diagnostic studies included an official MRI of the lumbar spine without contrast performed on 06/03/2014, with findings of degenerative disc disease at L4-5 and L5-S1. A small central posterior disc herniation at L5-S1 is seen between the right and left S1 nerves, but displacing the nerves. His surgical history was noncontributory. The injured worker presented on 11/21/2014, for a followup appointment with complaints of left shoulder pain, and spasms in his neck and low back. He rated his pain an 8/10, and described his pain as achy in his thoracic and lumbar spine, and numbness of his bilateral lower extremities, as well as numbness of his left upper extremity. The injured worker further noted that he had increased pain with prolonged sitting, standing, walking, bending, lifting, and lying down. He further reported that stretching and medications somewhat helped his pain. It was also noted that the injured worker had been titrated off opioids. Additionally, it was noted that the injured worker was continuing to take gabapentin, venlafaxine, and naproxen with some benefit of his pain. The patient did report gastroesophageal reflux disease with the use of the naproxen. Upon physical examination, the injured worker was noted to have tenderness over the bilateral L4-5 and L5-S1 lumbar paraspinal musculature. Additionally, he was noted to have pain with lumbar flexion and extension. The straight leg raise testing was positive bilaterally, left greater than right. The left shoulder was positive for crepitus with range of motion, positive for crepitus near

the scapula as well. Upon examination of the upper extremities, the injured worker had a positive Tinel's sign on the left elbow. Reduced sensation was noted to the left ulnar region. Bilateral wrists were negative for Tinel's signs. His current medication regimen included gabapentin, naproxen, Neurontin, Anaprox, omeprazole, and duloxetine since at least 11/21/2014. The treatment plan included a request for 6 sessions of acupuncture, an appeal for the denial of electrodiagnostic studies of the upper extremities, a continuation of his prescribed medications, and a 4 week re-evaluation. The rationale for the request was that the injured worker reported gastroesophageal reflux disease with the use of naproxen. A Request for Authorization form dated 11/25/2014, was provided within the documentation submitted for review. The patient is a 36 year old male who sustained a work related injury to his neck, shoulder and lower back while carrying a granite slab on November 16, 2011. The injured worker was diagnosed with lumbar radiculopathy, lumbar disc displacement, chronic depression and left arm numbness. A magnetic resonance imaging (MRI) performed June 3, 2014 demonstrated a disc herniation at L5-S1 between the right and left S1 nerve roots along with degenerative disc disease at L4-5 and L5-S1. A cervical magnetic resonance imaging (MRI) on January 3, 2103 noted mild C5-C6 and C6-C7 degenerative disc disease. No surgical interventions were performed. The patient continues to experience aching in his thoracic and lumbar spine with numbness of the bilateral lower extremities and left upper extremity. Past treatments consisted of medication, epidural steroid injection (ESI) times 2, and stretching exercises. Current medications consist of Gabapentin, venlafaxine and naproxen. There is no documentation of gastroesophageal reflux or gastro intestinal distress. Disability work status was not documented. The patient is currently not working. The physician requested authorization for Omeprazole 20mg #60 On December 2, 2014 the Utilization Review denied certification for Omeprazole 20mg #60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Non-Steroidal Anti-Inflammatory drugs (NSAID's).

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, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20 mg #60 is not medically necessary. The injured worker has low back pain. The California MTUS Guidelines recommend that clinicians should weigh the indications for NSAIDs both against GI and cardiovascular risk factors at the initiation of NSAID therapy. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease are then recommended the use of a proton pump inhibitor in combination with an NSAID. The documentation submitted for review failed to provide evidence that the patient was at risk for gastrointestinal events such as greater than 65 years of age, history of a peptic ulcer, GI bleeding, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or

high dose multiple NSAID use prior to beginning his use of nonsteroidal anti-inflammatory drugs. Given the above, the request as submitted does not support the evidence based guidelines. As such, the request for omeprazole 20 mg #60 is not medically necessary.