

Case Number:	CM15-0014505		
Date Assigned:	02/02/2015	Date of Injury:	10/14/2012
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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: Montana

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:

The injured worker is a 60 year old male, who sustained an industrial injury on October 14, 2012. He has reported back pain with muscle spasms. The diagnoses have included lumbago, cervical spine disc bulges, carpal tunnel syndrome, thoracic spine strain/sprain, lumbar spine disc bulges, coccyx fracture and left shoulder sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, steroid injections, conservative therapies and work modifications. Currently, the injured worker complains of back pain with muscle spasms. On 5/14/14, he received a steroid injection that reportedly provided up to 70% pain relief however the pain returned. He reported some benefit with muscle relaxers, steroid injections and pain medications. The November 7, 2014, evaluation revealed continued pain and increasing depression. He received another injection and pain medications were renewed. He was referred to cognitive behavioral therapy. The medical records do document long-term use of NSAIDs and omeprazole. On 12/30/14 Utilization Review non-certified a request for Omeprazole 20Mg, noting the MTUS and ODG guidelines. On 1/26/15, the injured worker submitted an application for IMR for review of requested Omeprazole 20Mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20Mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, GI symptoms and cardiovascular risk Page(s): 67-68.
Decision based on Non-MTUS Citation Pain, Proton pump inhibitors.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI) used for treatment of gastrointestinal disorders and for patients utilizing chronic nonsteroidal anti-inflammatory drug (NSAID) therapy. The MTUS recommends use of a proton pump inhibitor if non-selective NSAIDs are used in patients with intermediate risk for gastrointestinal events and no cardiovascular disease. For patients at high risk of gastrointestinal events use of a proton pump inhibitor is absolutely necessary. The ODG guidelines note that PPIs are recommended for patients at risk for gastrointestinal events and are highly effective in preventing gastric ulcers induced by NSAIDs. Prilosec is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with nonsteroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple non steroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The medical records show that Prilosec has been used over the last year on a regular basis. The treatment notes do not indicate a history of GI bleeding, peptic ulcer disease or GI symptoms secondary to ongoing use NSAIDs. Although the injured worker does not appear to be at high risk for gastrointestinal events, the MTUS does recommend proton pump inhibitors for patients utilizing chronic non steroidal anti-inflammatory drug therapy. Although the treatment notes do not specifically document efficacy, the absence of GI symptoms associated with long-term diclofenac use certainly implies efficacy. For this reason the prior UR decision is reversed and the request for Prilosec 20 mg is medically necessary.