

Case Number:	CM15-0018637		
Date Assigned:	02/09/2015	Date of Injury:	11/18/2004
Decision Date:	03/31/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 injured worker is a 43 year old male with an industrial injury dated November 18, 2004. The injured worker diagnoses include lumbar radicular pain, lumbar radiculopathy, obstructive sleep apnea and sleep disturbance. He has been treated with radiographic imaging, diagnostic studies , prescribed medications and periodic follow up visits. According to the progress note dated 12/5/2014, the treating physician noted that the injured worker had chronic radicular low back pain. The pain was rated a 5-8/10 radiating to his left leg with associated numbness and tingling. Physical exam revealed decrease range of motion in lumbar spine and tenderness to palpitation with radiation down left leg. The treating physician prescribed retrospective request for Omeprazole 20mg, #30 (DOS: 12/5/2014) now under review. Utilization Review determination on January 10, 2015 denied the retrospective request for Omeprazole 20mg, #30 (DOS: 12/5/2014), citing MTUS Guidelines.

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, #30 (DOS: 12/5/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with increasing right elbow pain rated 10/10 at worst, as of the requesting progress note. The patient's date of injury is 11/18/04. Patient is status post right knee arthroscopy and partial meniscectomy at a date unspecified. The request is for RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20MG #30, DOS 12/05/14. The RFA is dated 12/05/14. Physical examination dated 12/05/14 reveals an antalgic gait, tenderness to palpation of the lumbar paraspinal muscles, positive straight leg raise test left lower extremity. Upper extremity examination reveals tenderness to palpation over the left lateral epicondyle, positive pain with resisted wrist flexion. The patient is currently prescribed Diclofenac XR and Omeprazole. Diagnostic imaging was not included. Patient is classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for prophylactic treatment with Omeprazole during oral NSAID therapy, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. While progress note dated 12/05/14 indicates this patient is currently prescribed an NSAID, Diclofenac, there is no discussion of gastric complaints secondary to this medication, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request IS NOT medically necessary.