

Case Number:	CM15-0120279		
Date Assigned:	06/30/2015	Date of Injury:	02/06/2009
Decision Date:	08/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 68 year old male, who sustained an industrial injury on 02/06/2009. According to a progress report dated 05/15/2015, the injured worker continued to have moderate lower back pain. He had a lumbar epidural injection which had given him substantial relief of his symptoms, but he stated his pain was starting to creep back in and he noted increasing stiffness in his back. His current pain level was 6 out of 10 and was sharp and intermittent. Pain level had been 8 out of 10 prior to the injection. Diagnoses included intractable lower back pain, degenerative disc disease lumbar spine, multi-level disc protrusions lumbar spine, radiculopathy on electromyography nerve conduction studies and radiculitis left lower extremity, S1 nerve root. The provider requested authorization for a repeat lumbar epidural injection. He was to see a spine surgeon for a second opinion consultation. Medications to be refilled included Diclofenac XR 100 mg #60 for anti-inflammatory and Omeprazole 20mg, #60 reduce NSAID gastritis prophylaxis 30 tabs. He was to follow up in one month for re-evaluation. He was temporarily totally disabled. Currently under review is the request for Omeprazole 20mg quantity 60. Records dating back to 06/27/2014 shows that the injured worker was prescribed Omeprazole for prophylaxis for chronic NSAID use. His past medical history was positive for hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is documentation indicating the patient has a GI risk factor (age >65) and he is currently taking an NSAID. Based on the available information provided for review, the medical necessity for Omeprazole has been established. The requested medication is medically necessary.