

Case Number:	CM15-0120339		
Date Assigned:	06/30/2015	Date of Injury:	02/24/1995
Decision Date:	09/01/2015	UR Denial Date:	06/17/2015
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: Emergency 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 58-year-old female, who sustained an industrial injury on 02/24/1995. The injury occurred after she lifted and threw a pallet in the dumpster, causing the pallet to smash her hand. Treatment to date has included medications, physical therapy, chiropractic care, x-rays, shoulder surgeries and right foot surgery. Her past medical history was positive for diabetes and heart disease. According to an orthopedic consultation report dated 05/04/2015, the injured worker presented with complaints of intractable neck pain. Current medications included none. She admitted to heartburn. Diagnostic impression included cervical spondylosis without myelopathy and impingement syndrome bilaterally. The treatment plan included Anaprox-DS 550mg 1 tab orally 3 times a day 30 days #90 with 1 refill, Flexeril 7.5mg orally 3 times a day 30days #90 with 1 refill, Prilosec delayed release capsule 20mg 1 cap orally twice per day 30 days #60 with 2 refills and Ultracet tablet 325mg-37.5mg 1-2 tabs orally twice per day 30 days #60 with 1 refill, MRI of the left shoulder and MRI of the right shoulder. According to a progress report dated 05/27/2015, the injured worker presented with complaints of intractable neck pain. Associated symptoms included numbness and tingling that radiated to the upper extremities and legs. Condition was not showing improvement. Impact of symptoms was affecting activities of daily living. She also complained of shoulder pain. Associated symptoms included weakness, numbness and tingling. Medications were helping and being used on a regular basis. She ran out of medications and requested a refill. Current medications included Anaprox DS, Flexeril, Prilosec and Ultracet. The treatment plan included Anaprox-DS 550mg 1 tab orally 3 times a day 30 days #90 with 1 refill, Flexeril 7.5mg orally 3 times a day 30 days #90 with 1 refill, Prilosec

delayed release capsule 20mg 1 cap orally twice per day 30 days #60 with 2 refills and Ultracet tablet 325mg-37.5mg 1-2 tabs orally twice per day 30 days #60 with 1 refill. Currently under review is the request for Omeprazole 20mg #60. The provider noted that Omeprazole was being prescribed to the injured worker as protection against gastrointestinal events from the use of chronic medications. She was benefiting from use of this medication. She reported no allergies or side effects. She was using medications on a regular basis.

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 & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend precautions when prescribing NSAIDS (non-steroidal anti-inflammatory drugs). Guidelines state that clinicians should weight the indications for NSAIDS against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: age > 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and and/or an anticoagulant or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recommendations are as follows: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (proton pump inhibitor, for example, 20mg Omeprazole daily) or misoprostol (200 micrograms four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (>1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a proton pumps inhibitor if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high, the suggestion is for a low-dose Cox-1 low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk, the suggestion is naproxen plus low-dose aspirin plus a PPI. Official Disability Guidelines (ODG) states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. Decision to use proton pump inhibitors long-term must be weighed against the risks. The potential adverse effects of long-term proton pump inhibitor use included B12 deficiency, iron deficiency, hypomagnesemia, increased susceptibility to pneumonia, enteric infection and fractures, hypergastrinemia and cancer and more recently adverse cardiovascular effects. Proton pump inhibitors have a negative effect on vascular function, increasing the risk for myocardial infarction. Patients with gastroesophageal reflux disease on proton pump inhibitors had a 1.16 greater risk of myocardial infarction and a 2.00 risk for cardiovascular mortality. Proton pump usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) The updated Beers Criteria,

which help prevent adverse drug events in older adults, added a recommendation to avoid the use of proton pump inhibitors for more than 8 weeks, except for long-term NSAID users and patients with erosive esophagitis, Barrett's esophagitis, pathologic hypersecretory condition, or a demonstrated need for maintenance therapy. There are many studies demonstrating, in elderly patients, an increased risk for Clostridium difficile infection and bones loss and fractures with the long-term use of proton pump inhibitors. (AGS, 2015) In this case, the records submitted for review do not indicate that the injured worker is at risk for gastrointestinal events. The injured worker was not over the age of 65, had no documented history of peptic ulcer, gastrointestinal bleeding or perforation and concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID (e.g., NSAID + low-dose aspirin). As such, the request for Omeprazole 20mg #60 is not medically necessary.