

Case Number:	CM15-0122093		
Date Assigned:	07/06/2015	Date of Injury:	09/30/2010
Decision Date:	08/05/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/24/2015

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: 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 58 year old male who sustained an industrial injury on September 30, 2010. The diagnoses included lumbar post laminectomy syndrome, sciatica, generalized osteoarthritis of the bilateral knees and bilateral ankle/foot, and fibromatosis plantar fascial. His past medical history is significant for arthritis, asthma, bronchitis, cancer, diabetes and hypertension. Treatment to date has included surgery, diagnostic imaging, bilateral knee arthroscopy, Orthovisc injections and medications. Currently, the injured worker complained of right foot pain. The pain was aggravated with walking and relieved with lying down, resting and with medication. He used a supportive boot when walking for greater than 3 blocks and continued to have bilateral knee pain. His bilateral knee pain was made worse with ambulation and cold weather. He used Vicodin for pain which gave him 50% decrease in pain. He reported that he takes two tablets if he has an increase in activity. He also reported resolution of his gastrointestinal upset with the increased dose of omeprazole. His current medication regimen includes ibuprofen, Vicodin, gabapentin, Metamucil powder and omeprazole. The treatment plan includes continuation of his medication regimen, TENEX procedure for right ankle, and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Prilosec (omeprazole) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory drugs (NSAIDs). Even though dyspepsia is also a known side effect of opioid medications the MTUS does not address its use to prevent or treat dyspepsia caused by long-term use of opioids. Since this patient is on chronic NSAID and chronic opioid therapy it is reasonable to assume his dyspepsia may be caused by both of these medications. The higher dose of omeprazole was needed to relieve the dyspeptic symptoms. Since the patient continues to take both the NSAID and the opioid medications it follows that continued use of omeprazole in this patient is appropriate. This is within the MTUS guidelines. Medical necessity for use of this medication has been established.

Omeprazole DR 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

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