

Case Number:	CM15-0122988		
Date Assigned:	07/07/2015	Date of Injury:	03/22/2012
Decision Date:	08/11/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/25/2015

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 54-year-old male, who sustained an industrial injury on 3/22/2012. He reported falling eight to ten feet into a deep hole, sticking his back and landing on the knees with loss of consciousness subsequently requiring approximately one month treatment as an inpatient. Diagnoses include disc bulges with impingement, facet arthropathy, and left lower extremity radiculopathy. Treatments to date include medication therapy, physical therapy, aquatic therapy, acupuncture treatments, lumbar epidural steroid injections, and medial branch blocks with no relief documented. Currently, he complained of ongoing pain in the neck associated with headaches, mid to low back pain, pain in the right ear and nose, and bilateral knee pain. The medical records indicated nasal surgery completed on 3/22/15. On 4/7/15, the physical examination documented tenderness, decreased range of motion and altered sensation to the neck, low back, and lower extremities. There were multiple manual diagnostic tests found positive. The plan of care included Omeprazole DR 20 mg tablets, one tablet daily, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg capsule Sig: 1 po qd Qty: 30 Refill: 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with pain in the neck associated with headaches, mid to low back pain, pain in the right ear and nose, and bilateral knee pain. The patient is status postnasal surgery 2014, and 03/27/15. The request is for OMEPRAZOLE DR 20MG CAPSULE SIG: 1 PO QD QTY: 30 REFILL: 3. RFA with the request not provided. Patient's diagnosis on 03/19/15 includes left lower extremity radiculopathy. The patient ambulates antalgic, slow, stooped over posture, assisted by front-wheeled walker for balance and support. Physical examination to the lumbar spine on 03/19/15 revealed tenderness and guarding to paraspinal musculature. Range of motion decreased. Treatments to date has included imaging studies, physical therapy, aquatic therapy, acupuncture treatments, lumbar epidural steroid injections, and medial branch blocks with no relief, and medications. Patient's medications include Naprosyn, Omeprazole, Amitiza, Colace, Cymbalta, Percocet, Lidocaine patch, and Temazepam. The patient is temporarily totally disabled, per 03/19/15 report. Treatment reports were provided from 11/18/14 - 05/26/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole (Prilosec) and Naproxen (Anaprox) were included in patient's medications, per progress reports dated 11/18/14, 03/02/15, and 05/11/15. The patient is on NSAID therapy and has a diagnosis of "GERD secondary to medication intake," per 03/13/15 report. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. The request to continue PPI appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.