

Case Number:	CM15-0125148		
Date Assigned:	07/09/2015	Date of Injury:	02/15/2006
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 48-year-old female, who sustained an industrial injury on 2/15/2006. Diagnoses include lumbar spinal stenosis, degeneration lumbar/lumbosacral disc, and pain in joint lower leg, cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, thoracic compression fracture, and fracture scapula NEC closed. Treatment to date has included diagnostics, surgical intervention (right knee arthroscopic surgery, undated), and conservative care including epidural steroid injections, a lumbar medial facet block, physical therapy for the right knee and medications including a Lidoderm patch, Lyrica and Zaleplon. He currently reports taking only anti-inflammatories and Omeprazole. Per the Primary Treating Physician's Progress Report dated 6/17/2015, the injured worker reported chronic low back, neck and right knee pain. He is having physical therapy for the right knee and does feel that this has been helpful. He has had 2/6 sessions so far. He reports a reduction in pain from 6-7/10 to 4/10. Physical examination of the right knee revealed tenderness to palpation of the anterior knee joint with full range of motion. The plan of care included continuation of medications and authorization was requested for Omeprazole 20mg and Naproxen 500mg (DOS 6/17/2015). The patient sustained the injury due to fall. The patient's surgical history includes right knee and lumbar surgery in the past. Patient has received an unspecified number of PT visits for this injury. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. Per the note dated 2/5/15 and on 6/17/15 patient had complaints of heartburn and abdominal pain. The medication list includes Omeprazole 20mg, Zaleplon, Lyrica, Lidoderm patch and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pharmacy purchase of Omeprazole DR 20mg #60 with 1 refill (DOS 06/17/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Request Retrospective pharmacy purchase of Omeprazole DR 20mg #60 with 1 refill (DOS 06/17/2015). Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Per the note dated 2/5/15 and on 6/17/15 patient had complaints of heartburn and abdominal pain. He currently reports taking only anti-inflammatories and Omeprazole. The patient has had gastrointestinal symptoms with medications and patient is taking naproxen. Therefore, there are significant GI symptoms, along with NSAID use. The request for Retrospective pharmacy purchase of Omeprazole DR 20mg #60 with 1 refill (DOS 06/17/2015) is medically necessary and appropriate for this patient.