

Case Number:	CM15-0126962		
Date Assigned:	07/13/2015	Date of Injury:	03/06/2005
Decision Date:	08/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/01/2015

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, Hawaii

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 52 year old male, who sustained an industrial injury on 3/6/05. He has reported initial complaints of a low back injury. The diagnoses have included lumbar discopathy and right knee medial meniscal tear. Treatment to date has included medications, activity modifications, diagnostics, acupuncture, chiropractic, rest, pool therapy, physical therapy, topical analgesic creams and home exercise program (HEP). Currently, as per the physician progress note dated 5/7/15, the injured worker complains of left hand, low back and right knee pain that have remained unchanged. The low back pain is described as constant, sore, dull, achy and sharp. The pain is stabbing and electric -like at times. The pain varies and radiates to the lower extremities. There is tightness, stiffness, numbness, tingling, popping and weakness. He also reports right knee pain that is associated with tightness, weakness, numbness, tingling and stiffness. The physical exam reveals tenderness over the lumbar spine, pain with lumbar range of motion, and positive Fabere and reverse Fabere on the right. The right knee exam reveals tenderness to palpation, decreased patellar mobility, there is popping through the arc of motion, and McMurray's sign is positive for pain. The physician noted that the injured worker takes Motrin for pain and that he is getting abdominal discomfort with taking it, despite taking the medication with food. The physician requested treatment included Omeprazole 20 mg quantity of 60, 1 cap by mouth 2 times daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 60, 1 cap by mouth 2 times daily as needed: 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 and CV risk Page(s): 68-69.

Decision rationale: The patient presents with ongoing low back pain which radiates to the lower extremity with associated pain in the right knee. The current request is for Omeprazole 20mg QTY 60, 1 cap by mouth two times daily as needed. The attending physician report dated 5/18/15, page 22 (B), indicates the patient takes Motrin and is getting abdominal discomfort despite taking the medication with food. He has prescribed Omeprazole for the purpose of decreasing dyspepsia. The MTUS Guidelines state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the MTUS guidelines supports the use of Omeprazole for gastric side effects due to NSAID use. The attending physician has documented dyspepsia with the use of Motrin and the request for Omeprazole is medically necessary.