MAXIMUS Federal Services

Case Number:	CM15-0174026		
Date Assigned:	09/15/2015	Date of Injury:	12/20/2008
Decision Date:	10/15/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/03/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 66-year-old male sustained an industrial injury on 12-20-08. Documentation indicated that the injured worker was receiving treatment for cervical spine degenerative disc disease and spondylosis, chronic cervical spine sprain and strain, bilateral shoulder rotator cuff syndrome with acromioclavicular arthrosis, left thumb carpometacarpal arthrosis, lumbar spine degenerative disc disease with spondylosis and bilateral knee arthrosis. Previous treatment included right total knee arthroplasty, physical therapy, acupuncture, epidural steroid injections, injections, psychiatric care and medications. Past medical history was significant for diabetes mellitus, hypertension and high cholesterol. In a PR-2 dated 2-27-15, the injured worker complained of ongoing pain to the neck, left shoulder, and left hand, low back and bilateral knees. The injured worker also complained of daily symptoms of anxiety and depression as well as daily mild epigastric pain and burning while taking Omeprazole. The treatment plan included continuing medications (Norco, Tramadol, Ibuprofen, Pepcid and Colace. X-rays of the lumbar spine (7-9-15) showed degenerative scoliosis with spondylolisthesis of L5 on S1 and moderately severe diffuse degenerative changes. Right knee x-rays showed right total knee in good position with possible small loose fragments. In an initial evaluation dated 8-19-15, the injured worker complained of low back and right knee pain associated with numbness, tingling, tightness, stiffness, popping and weakness. The physician stated that the injured worker got abdominal complaints if he did not take Omeprazole. The treatment plan included medications (Omeprazole, Ultracet, Motrin and Colace), a referral to internal medicine for evaluation of

abdominal complaints and twelve sessions of aquatic therapy for the lumbar spine. On 8-27-15, Utilization Review noncertified a request for Omeprazole 20ng #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole 20mg #60 with 1 refill is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria: (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The most recent documentation indicates that the patient meets the criteria for a proton pump inhibitor as he is over age 65; he is on an NSAID and gets abdominal symptoms from medication (which would be considered dyspepsia) without Omeprazole therefore the request for Omeprazole is medically necessary.