

Case Number:	CM15-0174213		
Date Assigned:	09/16/2015	Date of Injury:	09/07/2006
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
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: North Carolina

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 37-year-old male, who sustained an industrial-work injury on 9-7-06. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), cervical degenerative disc disease (DDD) and myofascial pain. Medical records dated (3-10-15 to 7-29-15) indicate that the injured worker complains of neck and back pain. The neck pain is intermittent with occasional numbness in the bilateral hands and back pain is more constant with numbness and tingling in the bilateral lower extremities. He reports that the legs feel weak. The pain is rated 6 out of 10 and unchanged from previous visits. The medical record dated 7-29-15 the physician indicates that the injured worker is in for a cervical traction trial. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician, report dated 7-29-15 the injured worker is permanent and stationary. The physical exam dated from reveals (3-10-15 to 7-29-15) decreased lumbar flexion and tenderness to palpation of the lumbar paraspinal musculature. There are no other significant findings noted. Treatment to date has included pain medication including Cyclobenzaprine and Naproxen, Omeprazole at least since 3-10-15, physical therapy at least 6 sessions, chiropractic at least 6 sessions, acupuncture at least 3 sessions, Transcutaneous electrical nerve stimulation (TENS), ice and heat, home exercise program (HEP) with walking and stretching and other modalities. The original Utilization review dated 8-6-15 non-certified a request for Omeprazole Cap 20mg #60 as there is no documentation that the injured worker is at significant risk for gastrointestinal event or gastrointestinal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Cap 20mg #60: Upheld

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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. 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 a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g,ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.