

Case Number:	CM15-0174734		
Date Assigned:	09/16/2015	Date of Injury:	02/12/2010
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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 61 year old female who sustained an industrial injury on 2-12-10. Diagnoses included cervical discogenic disease with spondylosis; cervical facet arthropathy; lumbar multi-level discogenic disease; chronic low back pain. She currently complains of cervical spine pain; low back pain with a pain level of 10 out of 10 without medication and 4 out of 10 with medication. With medication she is able to perform light housework. On physical exam of the cervical spine there were spasms with painful, decreased range of motion; there were spasms of the lumbar spine with positive straight leg raise on the right, S1 radicular pain. Diagnostic included MRI of the lumbar spine (5-24-13) showing abnormalities. Treatments to date include home exercise program; massage physical therapy with benefit; medications: Norco, Prilosec 20mg #60, Anaprox #60 (medications decrease pain by 50% with more function per 7-15-15 note); chronic pain management; transcutaneous electrical nerve stimulator unit with benefit. The request for authorization dated 8-20-15 requests Prilosec 20mg #60. On 8-21-15 utilization review evaluated and non-certified a request for omeprazole 20mg #30 (notes and request for authorization state #60) based on insufficient gastrointestinal risks in the record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: 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, GI symptoms & cardiovascular risk.

Decision rationale: The patient was injured on 02/12/10 and presents with cervical spine pain and low back pain. The request is for OMEPRAZOLE 20 MG #30. The RFA is dated 08/20/15 and the patient is permanent and stationary. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with cervical discogenic disease with spondylosis; cervical facet arthropathy; lumbar multi-level discogenic disease; chronic low back pain. As of 07/15/15, she is taking Norco and Anaprox. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Omeprazole IS NOT medically necessary.