

Case Number:	CM15-0175902		
Date Assigned:	09/17/2015	Date of Injury:	09/23/1998
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: New York

Certification(s)/Specialty: Internal 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:

The injured worker is a 62 year old female who sustained an industrial injury on 9-23-98. Diagnoses are noted as chronic pain syndrome, cervicgia status post fusion at C6-C7, lumbago, lumbosacral neuritis not otherwise specified, sprain shoulder-arm not otherwise specified-left, myalgia and myositis not otherwise specified, and sprain sacroiliac-right. Previous treatment includes 2 cervical surgeries, 2 left shoulder surgeries, physical therapy, medication, spine injections, and MRI-lumbar spine 4-14-15. An emergency room visit is dated 2-23-15 with complaint of low back pain. The final diagnosis was noted as lumbar sprain and that pain was much better after a shot of Dilaudid 2mg (IM) intramuscular. An emergency room visit is dated 5-31-15 with complaints of left lower extremity pain and back pain. She also notes chest discomfort-chest pressure for the last week. She has recurrent flare-ups of her sciatica and has noted increased Aleve and Motrin use. It is noted she has no past cardiac history, no radiation of chest pain, and no shortness of breath. A cardiac workup was done; EKG and cardiac enzymes were normal. It is noted that given her increased use of non-steroidals the last several days; is probably an exacerbation of her gastroesophageal reflux disease. She was started on Carafate along with her (PPI) proton pump inhibitor she is already prescribed. In a progress report dated 7-31-15, the physician notes complaints of pain. Current medications are Ibuprofen, Omeprazole, Pravastatin Sodium, Gabapentin, Cyclobenzaprine, Losartan Potassium, Levothyroxine Sodium, Acyclovir, and Carbamazepine. Active problems are noted to be anxiety state, hypertension, and obesity. Work status is modified work with the specific restriction to sedentary work. The treatment plan is a cortisone injection to the sacroiliac joint ligaments, continue current medications; avoid non-steroidal anti-inflammatory drugs for now, continue a home exercise program, use proper body mechanics, and avoid aggravating activities. The requested treatment

of Omeprazole 20mg was non-certified on 8-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg (quantity unspecified): 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: According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.