

Case Number:	CM15-0177379		
Date Assigned:	09/18/2015	Date of Injury:	04/26/2012
Decision Date:	10/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 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 47 year old male, who sustained an industrial injury on April 26, 2012. The injured worker was being treated for displacement of lumbar intervertebral disc without myelopathy, cervicgia, and depressive disorder. Medical records (February 11, 2015 to June 30, 2015) indicate ongoing neck pain radiating to the right arm, low back pain radiating to the right leg, and worsening of depression. The medical records (February 11, 2015 to June 30, 2015) show no change in the subjective pain rating 8 of 10 with medications and 10 out of 10 without medications. The physical exam (February 11, 2015 to June 30, 2015) reveals the injured worker was tearful, an abnormal gait with dragging the right leg when walking, lumbar forward flexion is 30 degrees, extension is 10 degrees, and bending to left and right side is 20 degrees, and limited rotation. There is bilateral lumbar paraspinal muscles tenderness to palpation consistent with spasms and tenderness of the sciatic notch. The medical records (February 11, 2015 to June 30, 2015) does not contain documentation of the injured worker reporting gastrointestinal issues or gastrointestinal assessment on the physical exam. Treatment has included pain (Morphine and Norco), antidepressant (Effexor ER), proton pump inhibitor (Omeprazole since at least November 2014), stool softener (Colace), and non-steroidal anti-inflammatory (Naproxen) medications. On July 17, 2015, the requested treatments included Omeprazole 20mg. On September 8, 2015, the original utilization review partially approved a request for Omeprazole 20mg #30 (original request for #60) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Omeprazole 20mg #60 for DOS 6/30/15: 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 MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on NSAIDS along with multiple opioids. There is no justification for continued use of NSAIDS if a PPI is needed to reduce gastric irritation as noted in the documentation. Therefore, the continued use of Omeprazole is not medically necessary.