

Case Number:	CM15-0026231		
Date Assigned:	02/18/2015	Date of Injury:	10/19/2010
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
 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 55 year old male, who sustained an industrial injury on 10/19/2010. He reports neck and back injury. Diagnoses include neck and lumbar radiculopathy, hip pain, lumbar stenosis, cervical degenerative disc disease and chronic pain syndrome. Treatments to date include cervical spine surgery, physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. A progress note from the treating provider dated 1/13/2015 indicates the injured worker reported neck pain and low back pain. On 1/28/2015, Utilization Review non-certified the request for Omeprazole 20mg #60, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Omeprazole 20mg #60. The treating physician report dated 1/13/15 (9) states, "He takes omeprazole to help with GI upset caused by naproxen." There was no documentation of any naproxen or NSAID use in any of the reports provided for review. The report does note gastrointestinal events such as constipation and acid indigestion during examination. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no NSAID listed under current medications in any of the documents provided but there was evidence that the patient was at risk for gastrointestinal events and suffered from GI upset. Furthermore, the treating physician feels that the patient's symptoms can be effectively controlled with the prescription of Omeprazole. The current request satisfies the MTUS guidelines as outlined on pages 68-69. Recommendation is for authorization.