

Case Number:	CM15-0026704		
Date Assigned:	02/19/2015	Date of Injury:	11/04/2005
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/12/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old female, who sustained an industrial injury on November 4, 2005. She has reported a fall into an open trench. The diagnoses have included sprain of joints and ligaments of unspecified parts of neck, spinal stenosis of lumbar region, sprain of ligaments of lumbar spine, spondylolisthesis and brachial radiculitis. Treatment has included medications. On January 7, 2015, the injured worker complained of back pain radiating into the right buttock and thigh along with some intermittent pain at the base of her neck. Physical examination revealed tenderness in the right paralumbar area with slight spasm. Active voluntary range of motion of the thoracolumbar spine was limited. Straight leg test was mildly positive on the right and the left. She had full active voluntary range of motion of the cervical spine. Notes stated that the injured worker required the use of omeprazole due to the chronic pain that she developed over a period of nine years from the significant spine injury and that it has proven effective in reducing the gastric pain so she can tolerate the proper medications to treat her back condition. On January 29, 2015, Utilization Review non-certified Omeprazole 20mg #180, noting the CA MTUS Guidelines. On February 12, 2015, the injured worker submitted an application for Independent Medical Review for review of Omeprazole 20mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec/Omeprazole 20mg #60 is not medically necessary.