

Case Number:	CM15-0066006		
Date Assigned:	04/13/2015	Date of Injury:	09/28/2006
Decision Date:	05/20/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/07/2015

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 was a 54 year old female, who sustained an industrial injury, September 26, 2006. The injured worker received the following treatments in the past lumbar spine MRI, 12 sessions aqua therapy, lumbar spine x-ray, Norco, Baclofen, Gabapentin, Ambien, Lidoderm Patches, Omeprazole, Colace, Miralax, Phenergan, Clalis, Biotene mouthwash, Flector Patch, Pennsaid solution, random toxicology laboratory studies, psychologist services, 12 sessions of cognitive behavioral therapy and 3 session of medication management. The injured worker was diagnosed with joint pain in the pelvis and left knee pain. According to progress note of February 24, 2015, the injured workers chief complaint was left knee pain. The injured worker rated the pain at 8 out of 10 with pain medication and 10 out of 10 without pain medication; 1 being the least amount of pain and 10 being the worse pain. The injured worker's pain medication had been denied. Due to the increase in pain the injured worker's functional level had declined. The pain was increased in the pelvis and left knee with ambulation. The physical exam noted restricted range of motion of the lumbar spine due to pain. Tenderness was noted at the S1 joint, trochanter internal rotation of the femur resulted in deep buttocks pain. The left knee had restricted range of motion with difficulty with knee extension. The lumbar spine range of motion restricted with flexion limited to 70 degrees, due to pain. The extension was limited to 20 degrees, due to pain and general pain and stiffness with range of motion. The straight leg raises were positive on the left in supine position. There was tenderness over the sacroiliac spine. The treatment plan included a prescription renewal for Omeprazole.

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 Page(s): 68.

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

Decision rationale: The patient presents with pain in the low back, left hip and left knee. The patient rated the pain at 8/10 with pain medication and 10/10 without pain medication. The request is for OMEPRAZOLE 20MG #60. The provided RFA is dated 03/10/15 and the patient's date of injury is 09/28/06. The diagnoses include joint pain in the pelvis and left knee pain. Per 02/24/15 report, treater states, "The patient is stable on current medication regimen. Function and activities of daily living improved optimally on current dose of medications. Pain agreement briefly reviewed with the patient." Current medications include Omeprazole, Ambien, Gabapentin, Baclofen, Cialis, Zolpidem, and Biotene. The patient is not working because his job cannot accommodate his restrictions. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk; Treatment of dyspepsia secondary to NSAID therapy; Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Omeprazole, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Per 02/24/15 report, treater states, "Omeprazole helps with the patient's gastritis and prevents nausea. Without it he cannot eat due to upset and stomach nausea." Omeprazole was prescribed to the patient at least since 09/09/14, per provided medical reports. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Given the patient's GI symptoms, the request is reasonable, and IS medically necessary.