

Case Number:	CM15-0090666		
Date Assigned:	05/15/2015	Date of Injury:	12/13/2004
Decision Date:	06/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, 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:

This is a 61 year old male patient, who sustained an industrial injury on December 13, 2004. The injured worker was diagnosed as having lumbar disc degeneration, lumbar spondylosis without myelopathy/facet arthropathy, lumbar/thoracic radiculopathy, low back pain syndrome, and lumbar stenosis. Per the doctor's note dated 4/13/2015, she had complains of lower backache and bilateral lower extremity pain. He reported no relief from pain after trans-foraminal lumbar epidural steroid injection (ESI), with quality of life worsened. He reported his medications were not effective, with side effects included nausea and vomiting. Physical examination revealed lumbar range of motion (ROM) restricted by pain, with spinous process tenderness noted on L4 and L5, and lumbar facet loading positive bilaterally, positive Straight leg raise on the left, with tenderness noted over the sacroiliac spine. The current medications list includes Zanaflex, Ultram, Norco, Lidoderm patch, and Gabapentin. The treatment plan was noted to include a referral to a neurosurgeon. A Physician's visit note dated April 29, 2015, noted that he called requesting a medication refill, with the patient not seen with request that Omeprazole be substituted for the Dexilant. Treatment to date has included physical therapy, massage, trans-foraminal bilateral lumbar epidural steroid injection (ESI), MRI, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole may be substituted for Dexilant: 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: Prilosec contains omeprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events", patients at high risk for gastrointestinal events" treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: (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)." This is a 61 years old male patient with chronic low back pain. He had GI upset- nausea and vomiting with his medications for pain. Patient is taking Dexilant which is a PPI. A PPI like omeprazole may be substituted for dexilant. The request of Omeprazole (which may be substituted for Dexilant) is medically necessary and appropriate for this patient.