

Case Number:	CM13-0069644		
Date Assigned:	02/05/2014	Date of Injury:	06/10/2008
Decision Date:	07/22/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Occupational Medicine and Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old female who was injured on 06/10/2008. The mechanism of injury is unknown. A progress report dated 11/12/2012 reported that the patient complained of continued cervical spine pain that was sharp and radiating with stiffness and weakness. She also complained of bilateral shoulder and wrist pain that was constant, burning and stiffness; and bilateral knee pain. On exam, the cervical spine, bilateral shoulder, bilateral knee was tender to palpation with normal range of motion. Diagnoses were cervical spine MLI, bilateral shoulder sprain, stress, bilateral wrists CTS and bilateral knee tear. Fioricet 50 mg po q4-q6 prn, Naproxen 500 mg bid, Prilosec 20 mg bid, Flexeril 7.5 mg tid, ketoprofen cream and caps cream + TGC was prescribed. She was advised for chiro/myofascial, chiro/adjusts and acupuncture treatments. Progress report dated 06/12/2013 reported that the patient complained of gastritis in addition to constant cervical spine, bilateral shoulder and bilateral knee pain. R/O PUD was listed in the diagnosis. Naproxen was discontinued but other medications were continued. Progress report dated 11/07/2013 reported that the patient complained of continued cervical spine pain that was sharp and radiating with stiffness and weakness. She also complained of bilateral wrist pain that was constant, radiating with stiffness and weakness; and bilateral knee pain that is constant, radiating with stiffness and weakness. On exam, the cervical spine was tender to palpation with spasm, bilateral shoulder; wrist and bilateral knee were tender to palpation. Diagnoses were cervical spine MLI, bilateral shoulder sprain, bilateral wrist CTS, bilateral knee tear and R/O PUD. The remaining notes were illegible. Only Prilosec 20 mg bid was prescribed. The remaining notes are illegible as well as the other progress reports were submitted. Prior utilization review dated 12/05/2013 states the request for omeprazole DR 20 mg, 1 two-three times daily is not authorized as there was no documented evidence of peptic ulcer disease or active gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 OMEPRAZOLE DR 20MG, 1 2-3 TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, NSAIDs, GI symptoms and cardiovascular risk.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG), recommends the use of proton pump inhibitors (PPIs) for patients at risk for gastrointestinal events. The following are the criteria to determine the risk for gastrointestinal events prior to NSAIDs use; (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). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical documents do not suggest that the patient was at risk for gastrointestinal events prior to NSAIDs use nor there was any objective documentation of ongoing gastrointestinal issues (peptic ulcer disease or acute gastritis). Hence, per the above guidelines only non-selective NSAIDs are recommended. In the absence of intermediate risk for gastrointestinal events, a combination of NSAID with a PPI would not be recommended. Therefore, based on the above mentioned guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.