

Case Number:	CM14-0151035		
Date Assigned:	09/19/2014	Date of Injury:	08/20/2008
Decision Date:	11/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 family 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:

This is a 44-year-old female patient who reported an industrial injury to the left foot, on 8/20/2008, attributed to the performance of her usual and customary job tasks. The patient is noted to be not working. The patient was prescribed tramadol 50 mg QID for her left foot pain. The patient was prescribed Lialda for her ulcerative colitis and diarrhea which precluded her from taking NSAIDs. The objective findings on examination included: ambulates with a antalgic gait; left foot with 40% dorsiflexion for range of motion; normal plantar flexion; normal inversion; normal eversion; mild general swelling anterior foot; tenderness to palpation over the mid-foot area down to the base of the toes; tenderness with palpation over the general lateral malleolar area. The treating diagnosis was history of crush injury to the left foot and chronic left foot pain. The patient was prescribed tramadol 50 mg QID #120 and Prilosec 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60/30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis for medications that did not include NSAIDs at this time. The patient was prescribed Ibuprofen and Naproxen in the past; however, it was noted that the patient had to discontinue NSAIDs due to the underlying issues of ulcerative colitis and the prescribed Lialda. The prescription for Lialda precluded the prescription of NSAIDs; therefore there was no demonstrated medical necessity for the prescribed Prilosec. Prolonged use of proton pump inhibitors leads to osteoporosis and decreased Magnesium levels. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking NSAIDs at the present time. There are no identified GI issues attributed to the prescribed NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for Prilosec or Omeprazole 20 mg #60. There is no rationale provided to support the medical necessity of BID dosing. There is no documented functional improvement with the prescribed Omeprazole.