

Case Number:	CM13-0005827		
Date Assigned:	09/29/2014	Date of Injury:	03/22/2011
Decision Date:	11/06/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/01/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 67-year-old male who reported an injury on 03/22/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbosacral spondylosis, and lumbago. The previous treatments include a lumbar MRI, surgery, and medications. Within the clinical note dated 06/03/2013 it was reported the injured worker complained of lower back pain. He rated his pain 3/10 in severity. He reported the pain was a throbbing pain radiating into the left leg. Upon physical examination the provider noted the injured worker's lumbar range of motion was flexion limited to 45 degrees due to moderate low back pain, and extension at 15 degrees and limited due to pain. There was tenderness to palpation of the lumbar facets which elicited facet tenderness. The injured worker had tenderness to palpation of the thoracolumbar region. The request submitted is for omeprazole. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20 MG #60 DOS 6/24/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The Retrospective request for Omeprazole 20 MG #60 DOS 6/24/2013 is not medically necessary. The California MTUS know proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal, proton pump inhibitors are not indicated when taking NSAIDs. The treatments of dyspepsia from NSAID usage include stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The clinical documentation did not indicate the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Additionally the retrospective date of service was not submitted for clinical review. Therefore, the request for Retrospective request for Omeprazole 20 MG #60 DOS 6/24/2013 is not medically necessary.