

Case Number:	CM13-0015624		
Date Assigned:	10/09/2013	Date of Injury:	01/08/2002
Decision Date:	01/29/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 38-year-old gentleman who was injured in a work related accident on 01/08/02. Recent clinical records for review of 09/06/13 indicates subjective complaints of low back pain stating occasional flare ups since last assessment rated 4 to 5 on of 10 VAS scale. He states that he continues to utilize medications in the form of Norco, Flexeril, Prilosec, and Voltaren. He was given the diagnosis of lumbar radiculopathy and multiple level herniated disc and recommendations at that time were for continuation of medications, as well as a transforaminal epidural injection to be performed. Further or underlying comorbid conditions are not documented. At present, there is a request for continued use of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, continued use of Omeprazole, a proton pump inhibitor, would not be indicated. Records in this case fail to demonstrated gastrointestinal event, or risk factor, for which guidelines would support the role of

continued use of this agent. Risk factors would include an age greater than 65 years, a history of peptic ulcer, GI bleeding, or perforation, concordant use of aspirin, corticosteroid or anticoagulants, or high dose or multiple non-steroidal usage. The absence of documentation of the above would fail to necessitate the role of Omeprazole in this individual.