

Case Number:	CM13-0017865		
Date Assigned:	10/11/2013	Date of Injury:	06/12/2002
Decision Date:	01/03/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports 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 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.

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 47-year-old female who reported an injury on 02/21/2001 due to cumulative trauma. The patient underwent an MRI that revealed disc bulge at the L3-4 and L4-5 with moderate bilateral neural foraminal narrowing at the L5-S1 due to a disc bulge and facet hypertrophy. The patient underwent L4-5 and L5-S1 facet blocks followed by percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots on the left at the L4-5 levels. The patient also received epidural steroid injections. The patient had continued pain complaints described as 7/10 to 8/10. Evaluation of the cervical spine revealed decreased sensation bilaterally to the C5, C4, and C3 nerve root distributions with positive Spurling's maneuver on the left and tenderness to palpation over the C3, C4, and C5 spinous structure. The patient's diagnosis included cervical radiculopathy. The treatment plan included an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #60 between 6/20/13 and 9/26/13: 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 NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: MTUS Chronic Pain Guidelines recommend the use of Omeprazole in combination with non-selective non-steroidal anti-inflammatory drugs for patients who are at risk for gastrointestinal side effects. The clinical documentation submitted for review does not provide evidence that the employee is at risk for gastrointestinal side effects. There is no documented history of peptic ulcer, GI bleeding, or perforation. Additionally, the employee's medication schedule is not specifically identified within the documentation. There is no way to determine if gastrointestinal upset could potentially be a side effect of the employee's medication schedule. The request for 60 omeprazole DR 20 mg between 06/20/2013 and 09/26/2013 is not medically necessary and appropriate