

Case Number:	CM13-0018644		
Date Assigned:	06/06/2014	Date of Injury:	05/21/2005
Decision Date:	07/14/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old male who reported an injury on 05/21/2005, due to lifting a box weighing 100 pounds. Per the 03/26/2014 clinical note, the injured worker complained of constant pain with a pinching sensation in his lumbar spine radiating up towards his middle back pain was rated at 5/10. On physical examination, the injured worker had positive paraspinal tenderness to percussion with spasms to the lumbar spine. The injured worker diagnoses include multilevel lumbar spine disc budges and lumbar spine radiculopathy. The treatment plan was for one prescription of omeprazole 20mg # 30, with one (1) refill. The injured worker's medications included ibuprofen 800mg three (3) times a day. The provider requested omeprazole for the protection of injured worker's gastric mucosa, due to gastroesophageal reflux disease (GERD) symptoms. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF OMEPRAZOLE 20MG #30, WITH ONE (1) REFILL:

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 rationale: The Chronic Pain Guidelines indicate that clinicians should weight the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. The guidelines also indicate that the clinicians should determine if the patient is at risk for a gastrointestinal event such as age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant, or high doses of NSAID. The above request had no supporting documentation on physical examination findings or diagnosis for gastrointestinal distress/symptoms or side effect from NSAID. Also, there are no subjective complaints of gastrointestinal discomfort/distress from the injured worker. As such the request is not medically necessary.