

Case Number:	CM13-0037845		
Date Assigned:	12/18/2013	Date of Injury:	08/01/2012
Decision Date:	04/03/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Practice 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 patient is a 40 yr. old male who sustained an injury on 8/1/12 resulting in back pain with radicular symptoms. An exam report on 9/30/13 noted that he had tenderness over the paralumbar spine and diminished sensation in the L4, L5, S1 nerve roots. His diagnosis at the time was chronic back pain, degenerative disc disease, disc herniation of the lumbar spine and radiculitis. He was prescribed acupuncture, Cyclobenzaprine, Diclofenac and Tramadol for pain. He was also given Omeprazole 20 mg for reducing the risk of gastritis of NSAID use. There was no history of gastrointestinal disease or risk factors noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE OMEPRAZOLE 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the California MTUS guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no

documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the use of Omeprazole is not medically necessary.