

Case Number:	CM13-0038246		
Date Assigned:	12/18/2013	Date of Injury:	12/16/2009
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/24/2013

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 has a subspecialty in Orthopedic Surgery and is licensed to practice in California, New Jersey and Pennsylvania. 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 claimant is a 70 year old female injured on December 16, 2009. The most recent clinical assessment for review is a June 28, 2013 report by [REDACTED] documenting that the claimant underwent right sided L4 through S1 transforaminal epidural injections. Prior assessment by [REDACTED] with a physical examination showed continued low back pain with numbness into the legs and described continued use of treatment including recent acupuncture and medication management. The diagnosis was myofascial pain syndrome, strain of the lumbar spine and radiculopathy. Treatment was to consist of Omeprazole and Orudis for anti-inflammatory purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OMEPRAZOLE 20MG:

Overtured

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 the CA MTUS Chronic Pain Medical Treatment Guidelines the continued use of Omeprazole would be supported. The claimant is greater than 65 years of age

which in and of itself would be a risk factor for gastrointestinal gastroesophageal event. This medication as a protective proton pump inhibitor given her concordant use of nonsteroidal medication appears to be necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ORUDIS 75MG: Overturned

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

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

Decision rationale: The continued use of Orudis is also indicated as the claimant appears to be showing benefit with use of anti-inflammatory agent for her chronic back complaints including symptomatic myofascial flare. Given the documentation of benefit for the claimant's current symptoms, the role of the continued use of this agent appears to be medically necessary.