

Case Number:	CM13-0050500		
Date Assigned:	02/03/2014	Date of Injury:	08/14/2006
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/13/2013

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 & Rehabilitation and is licensed to practice in Texas. 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:

This patient is a 52-year-old male who reported an injury on 08/14/2006 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to his low back. The patient's treatment history included physical therapy, multiple medications, a spinal cord stimulator, and medial branch blocks. The patient's most recent clinical evaluation documented that the patient's medication schedule included Norco 10/325 mg, Prilosec for GI upset, and Medrox patches to decrease oral intake of medications. The patient's pain was documented to be an 8/10. Physical findings included positive facet loading bilaterally at the L4-5 facets with 4+/5 motor strength deficits of the bilateral lower extremities. It was noted that the patient had consistent urine drug screens and CURES reports. The patient's diagnoses included status postsurgical intervention at the left L5-S1, retrolisthesis of the L5-S1, neuroforaminal narrowing at the L4-5, L5-S1, facet arthropathy of the lumbar spine at the L4-5, myofascial pain of the lumbar spine, and chronic pain syndrome. The patient's treatment plan included continuation of medications and a bilateral medial branch block at the L4-5 level for diagnostic and therapeutic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The requested omeprazole 20 mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends this medication for patients who are at risk for developing gastrointestinal disturbances related to medication intake. The clinical documentation indicates that the patient has been taking this medication since at least June of 2013. The clinical documentation submitted for review does indicate that the patient is diagnosed with gastrointestinal upset related to medication intake. Additionally, it is noted within the documentation that the patient has an abdominal mass would put the patient at risk for gastrointestinal upset. Although continued use of this medication would be medically appropriate, the request as it is submitted does not address the frequency of usage for this medication. Therefore, the appropriateness of the request as it is submitted cannot be determined. As such, the requested omeprazole 20 mg #120 is not medically necessary or appropriate.