

Case Number:	CM13-0054280		
Date Assigned:	12/30/2013	Date of Injury:	03/26/2013
Decision Date:	10/03/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 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:

The injured worker is a 39-year-old female who reported an injury on 03/26/2013. The mechanism of injury was not provided. On 09/05/2013, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was no loss of sensibility, and there was tenderness to palpation over the L3-4, L4-5, and L5-S1 dermatomes. There was muscle guarding and spasm bilaterally and tenderness to the buttocks bilaterally. There was a positive bilateral straight leg raise. The diagnoses were lumbago, displacement of the lumbar intervertebral disc without myelopathy, myalgia, and lateral recess stenosis from L5-S1. A current medication list was not provided. The provider recommended omeprazole 20 mg #60; the provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: According to California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsai secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. There is a lack of documentation that the injured worker had a diagnosis congruent with the guideline recommendation for omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider did not indicate the frequency of the medication in the request as submitted. Therefore, the request for Omeprazole 20mg #60 is not medically necessary and appropriate.