

Case Number:	CM13-0058929		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2013
Decision Date:	05/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; an MRI imaging of the brain of April 8, 2013 interpreted as normal; electrodiagnostic testing of bilateral upper extremities of April 16, 2013 notable for a mild bilateral carpal tunnel syndrome with no evidence of a cervical or lumbar radiculopathy; functional capacity testing of October 3, 2013, notable for comments that the applicant falls within the light physical demand level; and work restrictions. It is unclear whether the applicant's limitations have been accommodated. In a Utilization Review Report of November 7, 2013, the claims administrator denied a request for Omeprazole. The applicant's attorney subsequently appealed. A clinical progress note of December 10, 2013 is notable for comments that the applicant is off of work as his employer is unable to accommodate the proposed limitations. 12 sessions of chiropractic manipulative therapy are sought. Prescriptions for oral Ketoprofen, Norflex, and Norco are issued. Omeprazole is also introduced. No clear rationale for Omeprazole was offered, although, it appears that Omeprazole was seemingly issued for prophylactic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG, ONCE DAILY #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The attending provider has seemingly indicated that he intends to employ Omeprazole for gastrointestinal protective or prophylactic purposes. However, the applicant does not appear to clearly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Omeprazole. Specifically, there is no evidence that the applicant is using multiple NSAIDs, is using NSAIDs in conjunction with corticosteroids, has a history of gastritis, and/or is greater than 65 years of age. The applicant is 37. The applicant only appears to be using one NSAID, oral Ketoprofen. There is no evidence that the applicant is using multiple NSAIDs. There is no evidence that the applicant is using NSAIDs in conjunction with corticosteroids. There is no clear history of any GI complications in the past. For all the stated reasons, then, prophylactic usage of Omeprazole is not indicated. Accordingly, the request is not certified.