MAXIMUS Federal Services

Case Number:	CM13-0059021		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2011
Decision Date:	05/15/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 Illinois. 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 70-year-old female who reported an injury on 05/11/2011. The mechanism of injury was the injured worker was getting out of a children's program where somebody had pulled the chair out that she normally would sit on. When the injured worker tried to sit down she fell on her buttocks and had intense pain in the low back. The injured worker was noted to be taking omeprazole and tramadol since 06/2013. The documentation of 10/03/2013 revealed the injured worker had tenderness in the hips and at the bottom of the spine. The diagnosis was lumbar sprain with coccydynia. The request was made for tramadol and omeprazole with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

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

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been taking omeprazole since 06/2013. There was lack of documentation of the efficacy of the requested medication. There was lack of documentation indicating necessity for 2 refills without re-evaluation. Given the above, the request for omeprazole 20 mg #60 with 2 refills is not medically necessary. The frequency was not provided.