

Case Number:	CM13-0063393		
Date Assigned:	12/30/2013	Date of Injury:	02/18/2010
Decision Date:	04/14/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and 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 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 patient is a 50-year-old male who reported an injury on 02/18/2010. The mechanism of injury was not provided for review. The patient developed chronic low back pain and neck pain that was managed with medications to include Percocet, ibuprofen, and Omeprazole. The patient's treatment history included psychiatric support, acupuncture, and lumbar epidural steroid injections. The patient's most recent clinical findings documented that the patient had continued lumbar pain and limited range of motion with tenderness to palpation along the thoracolumbar paraspinal musculature and myofascial trigger points. Evaluation of the cervical spine documented that the patient had limited range of motion secondary to pain with a positive Spurling's sign bilaterally and palpable cervicothoracic paraspinal muscle spasming with myofascial trigger points. The request was made for continued medications and acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg twice day x 1 month for symptoms related to Lumbar Spine injury:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested 60 Omeprazole DR 20 mg twice a day for 1 month for symptoms related to a lumbar spine injury is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that they are at significant risk for developing gastrointestinal events related to the medication usage. Therefore, the need for a gastrointestinal protectant is not clearly established. As such, the requested 60 Omeprazole DR 20 mg twice a day for 1 month for symptoms related to a lumbar spine injury is not medically necessary or appropriate.