

Case Number:	CM13-0063944		
Date Assigned:	01/03/2014	Date of Injury:	03/09/2012
Decision Date:	08/08/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 and Mississippi. 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 45-year-old male who reported an injury on with a reported date of injury on 03/09/2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post laminectomy decompression from L3 to S1, L4-5, and L5-S1, disc space narrowing, right lower extremity radiculitis, cervical disc disease and spondylosis. His previous treatments were noted to include physical therapy and medications. The progress note dated 11/14/2013 revealed the injured worker complained of intermittent moderate neck pain with radiation to the bilateral shoulders. The injured worker reported intermittent moderate low back pain with radiation to the bilateral legs. The physical examination of the cervical spine revealed tenderness to palpation about the paracervical musculature with muscle spasms. There was restricted range of motion due to complaints of pain. Examination of the lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature. There was a positive straight leg raise noted, as well as muscle spasms and/or restricted range of motion due to complaints of pain. The medication regimen was noted to include Tramadol 50 mg #60 for pain, Naproxen 550 mg #60 for pain with inflammation, and omeprazole 20 mg #60. The request for authorization form was not submitted within the medical records. The request was for Omeprazole 20 mg, however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG: 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 and cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg is not medically necessary. This worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend clinicians determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAIDS. There is a lack of documentation regarding the injured worker being at risk for gastrointestinal events and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.