

Case Number:	CM13-0071887		
Date Assigned:	01/08/2014	Date of Injury:	07/19/2012
Decision Date:	05/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is a 43-year-old male with a 7/19/12 date of injury. His subjective complaints include low back pain, and objective findings include antalgic gait, limited active range of motion, and tenderness over the lumbar spine. His current diagnoses include mechanical lower back pain, discogenic disease, degenerative disc disease, and a paresthetic sensation involving the bilateral lower extremities. Treatment to date has been medications, including Cyclobenzaprine, Advil, and Norco. The medical records provided for review included the patient's past medical problems, including gastroesophageal reflux disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OMEPRAZOLE (PRILOSEC) 20MG, #60 WITH 2 REFILLS:

Overtaken

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Omeprazole (Prilosec) may be recommended if the patient in question is at risk for

gastrointestinal events. The risk factors for such events include being over 65 years of age; having a history of peptic ulcers, gastrointestinal bleeding, or perforation; concurrently using ASA, corticosteroids, and/or an anticoagulant; and/or taking high dose/multiple NSAIDs. The Official Disability Guidelines state that Omeprazole (Prilosec) may be recommended with a documented risk of gastrointestinal events, or to prevent gastric ulcers. Within the medical information available for review, there is documentation of diagnoses of mechanical lower back pain, discogenic disease, degenerative disc disease, and paresthetic sensation involving the bilateral lower extremities. In addition, there is documentation of past medical problems that included gastroesophageal reflux disease and ongoing treatment with Advil. Since the patient has a history of gastroesophageal reflux disease, he is clearly at risk for gastrointestinal events. As such, the request is medically necessary.