

Case Number:	CM14-0001185		
Date Assigned:	04/25/2014	Date of Injury:	06/01/2010
Decision Date:	05/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	01/03/2014

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:

According to the records made available for review, this patient reported a 6/1/10 date of injury. At the time (11/13/13) of request for authorization for prescription of Omeprazole 20mg, #60, there is documentation of subjective (low back pain) and objective (tenderness over the L4-L5 and bilateral posterior and superior iliac spine as well as hamstring tightness with straight leg raising) findings, current diagnoses (lumbar strain and lumbar disc protrusion), and treatment to date (medications (including Neruontin)). There is no (clear) documentation of GI disorders (gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of lumbar strain and lumbar disc protrusion. However, there is no (clear) documentation of GI disorders (gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy). Therefore, based on guidelines and a review of the evidence, the request for prescription of Omeprazole 20mg, #60 is not medically necessary and appropriate.