

Case Number:	CM14-0003540		
Date Assigned:	01/31/2014	Date of Injury:	12/12/2012
Decision Date:	06/02/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 26 year old male with a work injury dated 12/12/12 . The diagnosis includes displacement of lumbar intervertebral disc without myelopathy. There is a request for the medical necessity of Omeprazole. There is a 2/20/14 office visit document that states that the patient has increased low back pain which radiates the right leg. The pain is described as spasm-like, sharp, dull, burning and is described as constant and moderate in intensity. The patient reports 8/10 pain on the VAS pain scale. Pain increased with walking, standing, lifting and he reports weakness and numbness in the right leg. The patient denies having experienced loss of bowel or bladder tone. The patient is well-developed and well-nourished in no acute distress. The patient is alert and oriented. The patient ambulates without an assistive device with a normal gait pattern. On physical examination the examination of the lumbar spine reveals limitations is lumbar range of motion. Forward flexion is limited to approximately 60 degrees and extension to 15 degrees. Inspection of the lumbar spine is without asymmetry or thoracolumbar scoliosis with normal alignment noted, rotation and side bending is limited. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with lumbar paraspinal spasms. There is negative lumbar facet loading maneuvers bilaterally and there is positive straight leg raise test on the right in the seated position. The treatment plan states that given MRI findings, physical exam findings and failure of conservative management of his pain, there is request for consultation with a spine surgeon and a pending appointment for the low back complaints. The patient will continue medications of Anaprox, Omeprazole, Gabapentin, and Tramadol.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment with a Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The documentation indicates that the patient has been taking Naprosyn, however there is no documentation of risk factors or dyspepsia in the medical records provided. The request for Omeprazole 20mg #60 is not medically necessary.