

Case Number:	CM14-0006772		
Date Assigned:	03/03/2014	Date of Injury:	01/25/2011
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 Family 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:

The injured worker is a 61 year old female who sustained an injury on 01/25/11 when she slipped and fell injuring her neck, low back, and left ankle. The injured worker has been followed for complaints of chronic low back pain as well as sacroiliac joint pain. The injured worker has been treated with the continuing use of medications to include Vicodin and Flexeril. The injured worker was also being provided a topical cream for pain. As of 11/04/13, the injured worker was utilizing Tramadol up to 1-2 tablets per day which substantially reduced pain. No gastrointestinal issues were reported with the use of this medication. The injured worker was attending aquatic therapy at this evaluation and noted that with medications her pain was improved. On physical examination, there was a slow antalgic gait with spasticity noted in the lumbar paraspinals and tenderness to palpation noted. There were spasms in the bilateral gluteus and paravertebral musculature. Medications were continued at this visit. A follow up on 12/10/13 noted continued benefits from medications. No side effects were noted. Physical examination remained unchanged at this visit. The injured worker was seen on 01/13/14. The injured worker had stable pain that was well managed with medications. No gastrointestinal side effects were identified. On physical examination, there continued to be an antalgic gait with tenderness to palpation and muscular spasms. The request for Omeprazole, quantity 60 was denied by utilization review on 01/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE TWO TIMES A DAY FOR GASTROINTESTINAL PREVENTION #60:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), 68-69

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: In regards to Omeprazole, the clinical documentation submitted for review did not identify any significant side effects with current oral medications to support the use of a proton pump inhibitor. There were no gastrointestinal side effects reported and there was no documentation regarding a diagnosis of gastroesophageal reflux disease which would support the use of this medication. Given the lack of any recent indications regarding medication side effects, the request is not medically necessary and appropriate.