

Case Number:	CM14-0104535		
Date Assigned:	09/24/2014	Date of Injury:	04/30/2009
Decision Date:	10/24/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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:

The patient is a 55-year-old female who has submitted a claim for lumbar disc displacement with radiculitis and lumbosacral spondylosis without myelopathy associated with an industrial injury date of 04/30/2009. Medical records from 10/16/2013 to 01/03/2014 were reviewed and showed that patient complained of low back pain graded 3-5/10. Physical examination revealed tenderness over lumbar paraspinal muscles, positive SLR tests bilaterally, and hypesthesia along left L5 and S1 dermatome distribution. MRI of the lumbar spine revealed L3-4, L4-5, and L5-S1 disc bulge. Of note, there was documentation of heartburn. Treatment to date has included physical therapy, left L5-S1 TFESI (05/22/2013), L5-S1 ESI (02/13/2013), left L5-S1 TFESI (03/28/2012), and left L5-S1 TFESI (03/28/2012), pain medications, and Omeprazole 40mg 11/18/2013. Utilization review dated 06/27/2014 denied the request for Omeprazole 40mg #30 because the patient was not documented to have gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): page 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, medical records submitted for review were from 10/16/2013 to 01/03/2014. The patient's current clinical and functional status was unknown. Therefore, the request for Omeprazole 40mg #30 is not medically necessary.