

Case Number:	CM14-0010570		
Date Assigned:	04/09/2014	Date of Injury:	02/26/2007
Decision Date:	05/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 reported a date of injury of 02/26/2007. According to report dated 01/04/2014 by ■■■■■, the patient presents with continued lower back pain which radiates to the lower extremities with numbness and tingling. It was noted that medications helped with pain about 40% to 50% and keep his pain under control. There are no side effects of medication noted. Examination revealed decreased lumbar range of motion and positive TTP in the lumbar spine. Patient's medication includes topiramate 25 mg, tramadol 50 mg, omeprazole 20 mg, Menthoderm cream, and Acetadryl 500/25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: This patient presents with continued low back pain. The physician is requesting a refill of omeprazole 20 mg. Medical records indicate the patient has been prescribed

omeprazole since 07/17/2013. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no documentation of GI symptoms requiring this medication. Review of records from 07/09/2013 to 01/04/2014 does not have any discussions of possible gastric irritation, peptic ulcer history, no concurrent use of ASA, etc. Furthermore, the patient is not noted to be on any NSAIDs and there are no other diagnoses or symptoms that would warrant the use of this medication documented. The requested omeprazole is not medically necessary and appropriate.