

Case Number:	CM14-0019492		
Date Assigned:	04/21/2014	Date of Injury:	11/29/2012
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 48 year old female with an injury reported on 11/29/2012. The mechanism of injury was noted as a fall. The clinical note dated 12/20/2013, reported that the injured worker complained of constant low back pain that radiated to buttocks area. It was also reported that the injured worker complained of pain to right hip, right knee, and right ankle. The physical examination findings reported tenderness laterally to right knee and tenderness over right sciatic notch. The injured worker's diagnoses included herniated disc L5-S1, internal derangement to right hip, effusion to right ankle, and right ankle ligament injury. The request for authorization was submitted on 02/10/2014.

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 cite any medical evidence for its decision.

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

Decision rationale: The request for omeprazole 20mg # 60 is non-certified. The injured worker complained of constant low back pain that radiated to buttocks area. It was also noted that the

injured worker was prescribed Motrin to help with her inflammation. It was also noted that the injured worker has a history internal derangement, strain and trochanteric bursitis to her right hip. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines proton pump inhibitors are recommend with precautions with long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. There is a lack of documentation of Non-steroidal anti-inflammatory drugs (NSAID) side-effects reported by the injured worker that would warrant the use of a proton pump inhibitor. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request for omeprazole 20mg # 60 is not medically necessary and appropriate.