

Case Number:	CM14-0129695		
Date Assigned:	08/20/2014	Date of Injury:	02/12/2003
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 57-year-old gentleman who was reportedly injured on February 12, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 6, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications include morphine, Percocet, Lyrica, Dendracin lotion, Lidoderm patches, omeprazole, Laxacin and trazodone. The physical examination demonstrated tenderness over the lumbar spine as well as the paraspinal muscles. Mild spasms were noted. There was a positive left-sided straight leg raise test at 50° and decreased sensation on the left at L5 and S1. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine L4-L5 and L5-S1 fusion with a resultant pseudoarthrosis of L4-L5, a functional restoration program, physical therapy and the use of an H-wave unit. A request was made for omeprazole and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

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 and cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The attached medical record indicates that the injured employee has been diagnosed with a gastric ulcer and has used omeprazole for treatment. Therefore, this request for omeprazole is medically necessary.