MAXIMUS Federal Services

Case Number:	CM14-0135060		
Date Assigned:	08/27/2014	Date of Injury:	08/10/2010
Decision Date:	10/08/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 39 year old male who sustained an industrial injury on 08/10/10. The mechanism of injury was stepping in a hole while running with full gear during SWAT training causing low back pain and nerve burning later in the day. Prior treatment inlucded Physical therapy, Chiropractic care, activity modification and NSAIDs. Prior MRI of lumbar spine done on 03/02/12 showed disc bulging, herniation and dessication at L4-5, moderate facet arthropathy L5-S1 and also L4-L5. The QME report from 2012 did not list any relevant GI problems. The progress notes from 06/30/14 was reviewed. The problem list included sciatica and degeneration of intervertebral disc. Medications included Ibuprofen, Omeprazole 40mg and Tramadol 50mg. Subjective symptoms included low back pain and pain into his heel and ankle. Pertinent physical examination findings included decreased right plantar flexion at 4/5, decreased sensation on the sole of the right foot and the posterior leg, positive right sided straight leg raising test and clonus of the knee/ankle. X-ray of the lumbar spine showed no fracture, no dislocation, joint spaces well preserved, lumbar lordosis maintained and no movement on flexion and extension. The diagnoses included degeneration of lumbar intervertebral disc and sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole40mg (DOS 6/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

Decision rationale: The employee was a 39 year old male who sustained an industrial injury on 08/10/10. The mechanism of injury was stepping in a hole while running with full gear during SWAT training causing low back pain and nerve burning later in the day. Prior treatment inlucded Physical therapy, Chiropractic care, activity modification and NSAIDs. Prior MRI of lumbar spine done on 03/02/12 showed disc bulging, herniation and dessication at L4-5, moderate facet arthropathy L5-S1 and also L4-L5. The QME report from 2012 did not list any relevant GI problems. The progress notes from 06/30/14 was reviewed. The problem list included sciatica and degeneration of intervertebral disc. Medications included Ibuprofen, Omeprazole 40mg and Tramadol 50mg. Subjective symptoms included low back pain and pain into his heel and ankle. Pertinent physical examination findings included decreased right plantar flexion at 4/5, decreased sensation on the sole of the right foot and the posterior leg, positive right sided straight leg raising test and clonus of the knee/ankle. X-ray of the lumbar spine showed no fracture, no dislocation, joint spaces well preserved, lumbar lordosis maintained and no movement on flexion and extension. The diagnoses included degeneration of lumbar intervertebral disc and sciatica. The request was for Omeprazole 40mg daily. The Chronic Pain Guidelines indicate Omeprazole is a proton pump inhibitor and is indicated in the treatment of NSAID-induced dyspepsia. The review of the medical records does not indicate that there is a diagnosis of dyspepsia, NSAID-induced or otherwise. The limited information given suggests that employee is being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. Employee does not need prophylactic use of proton pump inhibitor due to lack of evidence of high risk factors in the clinical notes. There was no documentation to support that employee is using multiple NSAIDs in conjunction with corticosteroids, doesn't have under cardiovascular disease, peptic ulcer disease and is also not greater than 65 years of age. Request for Omeprazole is not medically necessary and appropriate