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| Case Number: | CM14-0135193 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 09/11/2012 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 06/25/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 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 (IW) is a 38-year-old man with a date of injury of September 11, 2012. He injured his low back while getting out of the truck bed. Pursuant to a May 20, 2014, the IW had complaints of pain in the posterior bilateral mid and lower back, right buttocks and posterior neck and right shoulder. He has limitation and pain in the back with bending, climbing, crawling, reaching, standing, squatting, and walking for more than 30 minutes. The pain radiates to the posterior thigh, calf, and heel (side not specified). The IW indicates that the symptoms are chronic and interferes with his daily normal lifestyle, daily activities, sleep, and work. Physical examination shows weight 304 pounds, BMI is 46. Thoracolumbar range of motion is noted with extension normal but with pain. Flexion 30 degrees with pain. Left lateral bending is within normal limits without pain. Straight leg raise is noted as abnormal bilaterally. Sensory motor and reflex examinations are within normal limits. Diagnosis is documented as lumbago. Past medical history is positive for sexual dysfunction, sleep disorder, irritable bowel syndrome, depression, and low back pain. Medications have included: Norco, Soma, Cyclobenzaprine, Ibuprofen, Naprosyn, Morphine, Vicodin, Gabapentin, Valium, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg take one 2x/day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-Inflammatory, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Non-steroidal anti-Inflammatory, GI Symptoms and Cardiovascular Risk

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg one tablet b.i.d. #60 is not necessary. The guidelines state proton pump inhibitors (Omeprazole) is indicated for patients at risk for G.I. symptoms and specific cardiovascular related problems. They are indicated for patients at "intermediate" and "high risk" for G.I. events. Risk factors to be considered are greater than 65 years of age; history of peptic ulcer disease; G.I. bleeding or perforation; concurrent use of aspirin or steroids and or anticoagulants; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the worker is 38 years old and has a vague history of heartburn. There is no history of G.I. symptoms, G.I. bleeding or additional use of aspirin. There is no documentation in the medical record promoting the use of omeprazole or indicators placing the injured worker at intermediate or high risk. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, omeprazole 20 mg one tablet b.i.d. #60 is not medically necessary.