

Case Number:	CM14-0143464		
Date Assigned:	09/10/2014	Date of Injury:	07/26/2010
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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 Pain Management 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 right-hand dominant male who sustained work-related injuries on July 26, 2010. Per initial records dated August 17, 2010, the injured worker injured his back while moving tables to setup a banquet room. He complained of bilateral low back pain that was aching, numbing, sharp, shooting, tingling, burning and cramping. He rated his pain as 8/10 that was constant, radiating to the hips, thighs, knees, calves, ankles, and feet, and was worsening. Magnetic resonance imaging scan of the lumbar spine dated July 28, 2010 revealed (a) L4-5: there is a 1-mm central disc protrusion and (b) L5-S1: there is disc desiccation. There is a 6-mm focal right paracentral disc protrusion impressing the right side of the thecal sac and impinging upon the right S1 nerve root. Lumbar examination noted moderate tenderness of the paraspinal, bilaterally, sacroiliac joint, bilaterally, sciatic notch, bilaterally, and gluteus medius/minimus, bilaterally. Range of motion was limited. Sensation was decreased on the left lateral leg, left dorsal foot, and left middle three toes. Patella reflex test caused complete leg and thigh numbness. Most recent records dated July 21, 2014 documents that the injured worker complained of low back pain with right knee symptoms that were unchanged. He reported that long standing cause left leg pain due to overcompensation. He rated his pain as 4-5/10. He also reported occasional constipation and stomach pain. Lumbar spine examination noted tenderness over the lumbosacral junction, right side greater than left, and gluteal area. Muscle guarding was noted. Increased low back pain going to the right buttock was elicited with straight leg raising test. Range of motion was limited. Right knee examination noted tenderness over the medial joint line and peripatellar area. Range of motion was limited. Left knee examination noted slight tenderness over the peripatellar area and medial greater than lateral joint line. Slight crepitus was noted. Range of motion was limited. He is diagnosed with (a) failed back syndrome/lumbar spine sprain and strain with right lower extremity radiculopathy/status post

right L5-S1 laminectomy/discectomy performed in April 2012 with 3-mm disc protrusion at L4-L5 as per magnetic resonance imaging scan dated December 22, 2013, (b) right knee sprain Grade II or III posterior horn lateral meniscus tear as per magnetic resonance imaging scan dated December 27, 2011, (d) stress, anxiety, depression deferred, and (e) gastrointestinal upset secondary to prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Records indicate that the injured worker is no longer utilizing non steroidal anti-inflammatory drugs. There is also no evidence that prior non steroidal anti-inflammatory drug treatment was the cause of this injured worker's gastrointestinal related issues. Also, the reported gastrointestinal-related problems are constipation and abdominal pain with high medical probability secondary to constipation. Based on this clinical presentation, the injured worker is not at risk for gastrointestinal events secondary to non steroidal anti-inflammatory drug usage. Therefore, the medical necessity of the requested Omeprazole is not established.