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| Case Number: | CM14-0150114 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 03/03/2014 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 Occupational 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:

There were 135 pages provided for this review. The issue was omeprazole 20 mg number 60. The request for independent medical review was signed by the claimant on September 11, 2014. Per the records provided, the claimant is 26 years old and was injured last March. He was pushing heavy objects and started having immediate pain in the right lower leg and in the right buttocks. The patient has been treated for 6 to 7 sessions of physical therapy and some of the exercises were making it worse and not better. An MRI of the lumbar spine from April 24, 2014 documented an L3-L4 central left paracentral protrusion and annular fissure with severe central canal stenosis and narrowing of the right lateral recess. There was mild bilateral foraminal stenosis. There was a congenital spinal stenosis at L2 through the sacral levels secondary to shortened pedicles and extradural lipomatosis. There is grade 1 spondylolisthesis of L5 relative to S1 with a right pars defect and probable left pars defect. There was a PR-2 from April 16, 2014. As of August 26, 2014 the patient had pain in the back at three out of 10. There was pain when bending down. The patient could not sit long. There was numbness on the lumbar and on the right lower extremity. The patient had difficulty falling asleep and woke up at night. There was tenderness to the lumbar spine. There is spasm noted. The range of motion showed decreased flexion in the lumbar spine was at 80. The patient's gait was slightly antalgic. The muscle strength was four out of five at the right lower extremity. The patient was to return to modified work on August 26, 2014 with no lifting over 10 pounds and limitations on walking and standing repetitive bending and stooping. They will consider a lumbar epidural steroid injection at L4. The medicines were tramadol, gabapentin,. The patient was instructed not to drive when drowsy. He will take omeprazole twice a day. In this case there is no documentation of G.I. conditions or increased gastrointestinal risks.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.