

Case Number:	CM14-0152204		
Date Assigned:	09/22/2014	Date of Injury:	10/06/2011
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 man who reported an injury on 10/06/2011. While doing his regular work, a cement excavator fell on of his head, resulting in loss of consciousness, hitting the crown of the head. The injured worker complained of lower back and neck pain. The diagnoses included lumbar disc displacement without myelopathy, depression, cervical spondylosis without myelopathy, post-traumatic stress disorder, and unspecified major depression, pain psychogenic NEC, long term use of medications, and therapeutic drug monitor. The medications included Butrans, omeprazole, Lexapro, Relafen, and mirtazapine. Past treatments included physical therapy, medication, and cognitive behavioral therapy. Objective findings dated 07/18/2014 of the musculoskeletal system revealed normal muscle tone without atrophy to the bilateral upper and bilateral lower extremities, lumbar spine revealed an antalgic gait, straight leg raise was positive bilaterally, spasms and guarding were noted in the lumbar spine. The 06/26/2014 chart note indicated that the injured worker complained of heartburn but denied constipation, nausea, abdominal pain, black tarry stools, or throwing up blood. The treatment plan included Omeprazole DR 20 mg. The Request for Authorization dated 09/22/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: The request for omeprazole DR 20mg #30 with 3 refills is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk of gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: age greater than 65 years old, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple nonsteroidal anti-inflammatories. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. The medical documentation indicated that the injured worker had heartburn, however, denied any bleeding and no history of perforation. The request did not indicate the frequency. As such, the request is not medically necessary.