

Case Number:	CM14-0157754		
Date Assigned:	10/01/2014	Date of Injury:	10/20/2009
Decision Date:	12/16/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation, Pain 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 is a 59-year-old female who reported an injury on 10/20/2009. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of status post L4-5 TLIF in 10/2013. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Medications consist of Norco 10/325, omeprazole 20 mg, and Flexeril 7.5 mg. There were no diagnostics submitted for review. On 08/22/2014, the injured worker complained of low back pain and occasional pain down the left lower extremity. On physical examination it was noted that the injured worker had good strength and sensation in her bilateral lower extremities. The medical treatment plan is for the injured worker to continue with omeprazole 20 mg with a quantity of 60. Neither the rationale nor Request for Authorization form was submitted for review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs, Omeprazole Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is often supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any dyspepsia or GI problems the injured worker might be having. Furthermore, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of NSAID therapy or cardiovascular disease. In the absence of the documentation, the request is not supported by evidence based guidelines. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.