

Case Number:	CM14-0159857		
Date Assigned:	10/03/2014	Date of Injury:	09/03/2013
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 32 year-old male who was injured on 9/3/13. He complained of lower back pain. On exam, he had guarding of the lumbar spine, positive straight leg raise bilaterally, and sensory deficits of L3-L5 dermatomes. A 7/2014 MRI showed L5-S1 posterior annular tear, disc bulge, and facet joint hypertrophy resulting in moderate to severe left and mild right neural foraminal narrowing. He was diagnosed with lumbosacral disc disease and thoracic spine strain/sprain. He was treated with medications, chiropractic treatment, and acupuncture. He was prescribed etodolac, polar frost, tramadol, and orphenadrine. The current request is for Omeprazole.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI, NSAIDs, GI risk

Decision rationale: The request for Omeprazole is not medically necessary. ODG guidelines were used as MTUS does not address the use of omeprazole. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. The patient was recommended Etodolac for lower back strain but there was no documentation of recent or continued PPI use in this limited chart. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.