

Case Number:	CM14-0168531		
Date Assigned:	10/16/2014	Date of Injury:	09/02/2003
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 & 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:

This is a 56-year-old male with a 9/2/03 date of injury, while lifting heavy boxes. The patient underwent L4 laminectomy. The patient was seen on 9/19/14 with complaints of low back pain with radiation into bilateral lower extremities, left greater than right. Exam findings revealed tenderness over lumbar paraspinals and numbness in the bilateral lower extremities. The sensation was diminished to light touch in the L4-L5 right dermatomes distribution. The patient was attending functional restoration program with benefits and was noted to be on Gabapentin, Naprosyn, Metaxalone, Vimovo and Omeprazole. The diagnosis is lumbosacral spondylosis without myelopathy, lumbosacral radiculitis and status post L4 laminectomy. Treatment to date: L4 laminectomy, FRP, work restrictions, Lidoderm patches and medications. An adverse determination was received on 10/2/14 for a lack documentation that the patient suffered from dyspepsia and other GI symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However the progress notes indicated that the patient was utilizing NSAID, the duration of treatment was not specified. In addition, there remains no report of gastrointestinal complaints and there is no rationale with regards to the necessity for Omeprazole for the patient. Lastly, it is not clear why 5 refills were requested. Therefore, the request for Omeprazole 20mg #30 x 5 refills was not medically necessary.