

Case Number:	CM14-0169727		
Date Assigned:	10/20/2014	Date of Injury:	03/31/1998
Decision Date:	11/21/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 31, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar laminectomy surgery; status post spinal cord stimulator implantation; topical agents; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 29, 2014, the claims administrator failed to approve a request for omeprazole. The applicant's attorney subsequently appealed. In a progress note dated October 30, 2014, the applicant reported ongoing complaints of low back pain. The applicant stated that his pain was inadequately controlled with the spinal cord stimulator. The applicant reported 6/10 pain. The applicant's medications included methadone, tramadol, Lidoderm, Valium, and Neurontin. The applicant was asked to perform home exercises, obtained reprogramming of the spinal cord stimulator, and obtained a CT scan of the lumbar spine. There was no mention of issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, 1 by mouth 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (.)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAIDs-induced dyspepsia, in this case, however, the sole progress note on file contained no reference of issues with reflux, heartburn, and dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.