

Case Number:	CM14-0173115		
Date Assigned:	10/23/2014	Date of Injury:	02/26/2007
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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:

This 53 year-old patient sustained an injury to his left lower back on 2/26/07 from sanding an airplane while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20mg. Diagnoses include lumbar degenerative disc disease/ spinal stenosis/ facet syndrome/ and lumbosacral or thoracic neuritis or radiculitis. Report of 9/27/14 from the provider noted the patient with chronic intermittent low back pain radiating to the lower extremities. Medications was noted to help improve ADLs and provide 50% pain relief along with TENS use. Exam showed diffuse tenderness in the low back with unchanged decreased range of motion. Treatment plan included continued medication refills, TENS and home exercise. The request(s) for Omeprazole 20mg was non-certified on 10/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 53 year-old patient sustained an injury to his left lower back on 2/26/07 from sanding an airplane while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20mg. Diagnoses include lumbar degenerative disc disease/ spinal stenosis/ facet syndrome/ and lumbosacral or thoracic neuritis or radiculitis. Report of 9/27/14 from the provider noted the patient with chronic intermittent low back pain radiating to the lower extremities. Medications was noted to help improve ADLs and provide 50% pain relief along with TENS use. Exam showed diffuse tenderness in the low back with unchanged decreased range of motion. Treatment plan included continued medication refills, TENS and home exercise. The request(s) for Omeprazole 20mg was non-certified on 10/14/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg is not medically necessary and appropriate.