

Case Number:	CM14-0021304		
Date Assigned:	05/07/2014	Date of Injury:	03/11/2011
Decision Date:	07/09/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 patient is a 35 year old female who was injured on 03/11/2011. The mechanism of injury is unknown. Diagnostic studies reviewed include: MRI of the cervical spine dated 05/11/2011 reveals demonstrates a focal 1 mm central disc protrusion at C4-5 and C5-6 effacing the thecal sac and ventral CSF without deformity of the cord or causing any canal stenosis or foraminal narrowing. MRI of the thoracic spine 05/11/2011 demonstrates a normal MRI of the thoracic spine with no compression fracture, disc herniation, or foraminal narrowing. MRI of the lumbar spine 05/27/2011 reveal mild disk desiccation with 1-2 mm broad-based central disk bulge without spinal canal stenosis or foraminal narrowing. There is no facet arthropathy. PR2 dated 08/13/2013 indicates the patient reports low back pain is unchanged. She reports increased walking to about 30 to 45 minutes and increased hot soaks help with the pain. She states acupuncture gives her good relief and helps relaxes the pain. On exam, the lumbar spine reveals significant tenderness to palpation. The patient had tenderness over the mid thoracic paraspinal muscle and tenderness over L4-L5, and L5-S1 area. Lumbar range of motion reveals guarding. Muscle strength is 4/5 bilaterally lower extremities with diminished sensation to distal extremity. The patient is diagnosed with thoracolumbar sprain/strain, lumbar sprain/strain, lumbar radiculitis, and myofascial pain. PR2 dated 07/16/2013 reports the patient was dispensed Naproxen, tramadol, Dendracin, sertraline, TENS patches, and Flexeril. The patient will be weaned off Vicodin. Prior UR dated 01/08/2014 reports the request for omeprazole has been partially met as there is no report of GI complaints or chronic NSAID use. The use of a PPI should be given at a small dose and used for a short time.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

Decision rationale: MTUS guidelines recommend proton pump inhibitors such as omeprazole for patients at intermediate to high risk of gastrointestinal events from use of NSAIDs. However, medical records fail to establish intermediate to high risk in this patient including abdominal pain, ulcers, or any GI events. Further, while the patient appears to be taking Naproxen on a chronic basis, Naproxen does not appear to be indicated given a lack of documented functional benefit or pain reduction. Medical necessity is not established. Therefore, the request is not medically necessary.