

Case Number:	CM14-0023423		
Date Assigned:	06/11/2014	Date of Injury:	03/01/2012
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/25/2014

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:

The injured worker is a 63 year old female who reported an injury on 03/01/2012 due to an unspecified mechanism of injury. On 01/23/2014 she reported increased pain in her lower back at a 7-8/10. Physical examination of the lumbar spine revealed tenderness over the spinous process from L1 through L5 and the paravertebral muscles bilaterally, soft tissue swelling was noted along with decreased range of motion. Straight leg raise test was positive bilaterally and deep tendon reflexes were plus 2 in both lower extremities. Diagnoses included herniated nucleus pulposus of the lumbar spine, stress, anxiety, history of hypertension and gastritis. Medications included Tramadol 150mg for pain, Omeprazole 20mg for gastric protection, and Gabapentin 300mg for neuropathic pain. The treatment plan was for Omeprazole 20mg #60. The request for authorization form was not included for review. The rationale for treatment was for gastric protection.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors & NSAIDs risks, page(s) 68-69 Page(s): 68-69.

Decision rationale: The request for Omeprazole 20mg #60 is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines proton pump inhibitors such as Omeprazole are recommended for those at risk for gastrointestinal events. Risk factors for gastrointestinal events include age 65 years and older, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or a high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. The injured worker does not fall into these categories. In addition, she had not reported symptoms indicating gastrointestinal distress while using NSAIDs. The request provided lacks the frequency of Omeprazole. As such, the request is not medically necessary.