MAXIMUS Federal Services

Case Number:	CM14-0029760		
Date Assigned:	07/02/2014	Date of Injury:	06/20/2007
Decision Date:	08/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/24/2014

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:

Patient is a 55 year-old male with date of injury 06/20/2007. The most recent medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/05/2013, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over paraspinal muscles overlying the facet joints and SI (Sacroiliac) joints and trigger points noted over middle paraspinal and lower paraspinal. Sensory examination of the lower extremities revealed his reflexes were 2+ and symmetric at the knee and ankle. There was no extensor hallicus longus weakness. Diagnosis lumbar herniated disc, lumbar degenerative disc disease and lumbago. Previous treatments include 3 lumbosacral epidural blocks, which patient reports helped tremendously. The medical records provided for review document that the patient has been taking Omeprazole 20mg, #60 twice a day for at least as far back as 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GASTROINTESTINAL SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are age is more than 65 years; history of peptic ulcer, Gastro Intestinal bleeding or perforation; concurrent use of ASA (Acetylsalicylic Acid), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (Non-Steroidal Anti Inflammatory Drugs). There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Therefore, the request for Omeprazole 20mg #60 with 5 refills is not medically necessary and appropriate.