

Case Number:	CM14-0030351		
Date Assigned:	06/20/2014	Date of Injury:	09/15/2009
Decision Date:	08/11/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Nevada. 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 30-year-old male who was reportedly injured on September 15, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 4, 2014, indicates that there are ongoing complaints of stomach irritation with the use of Naproxen. There is a continued complaint of low back pain radiating to the right and left leg. The physical examination demonstrated decreased lumbar spine range of motion in all directions. There was tenderness over the bilateral lumbar paraspinal muscles as well as the sciatic notch. No spasms were noted. There was a negative straight leg raise test. A neurological examination noted decreased sensation at the right L5 and S1 dermatomes of both lower extremities. The treatment plan included refills of Anaprox, Tramadol, Effexor and Omeprazole. A request had been made for Omeprazole and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: Proton pump inhibitors such as Omeprazole are indicated for individuals at risk for gastrointestinal events. Those at risk include those who are taking high dose non-steroidal anti-inflammatory drugs (NSAIDs). The injured employee is currently prescribed Anaprox 550 mg, which is a high dose NSAID, and stated relief has been documented with previous use of Omeprazole. Considering this, the request for omeprazole is medically necessary.