

Case Number:	CM14-0036214		
Date Assigned:	06/25/2014	Date of Injury:	09/08/2011
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year old male who reported an injury on 09/08/2011 due to a work related industrial injury. On 01/10/2014 the injured worker had a toxicology report that was negative for opiates, however positive for Tramadol. On 02/04/2014 the injured worker complained of lumbar spine pain with a pain level of 7/10. The injured worker states that the pain was sharp, achy and constant that radiates down the back of both legs with numbness and tingling all the way down to the bottom of his feet. The injured worker has an ambulatory assisting device which is a cane. It was noted that all the injured worker's injuries had been resolved except the lumbar spine radiation pain. On 02/04/2014 the injured worker's physical examination revealed he had a mildly positive stoop test and a mild antalgic gait. It was noted the injured worker lumbar flexion was 20/90 degrees, extension 10/25 degrees and the right and left lateral flexion was 15/25 degrees. The injured worker's medication included Naproxen 550mg, Omeprazole 20mg, Tramadol 50mg and Tizanidine 4mg. The injured worker's diagnoses included status post discectomy and laminectomy, lumbar spine radiculopathy, erectile dysfunction, insomnia and depression. It was noted the injured worker is working with restrictions to include no repetitive bending, stooping, pushing, pulling, twisting and lifting over 20 pounds. The treatment plan included a decision for Omeprazole 20 mg once daily #30 with 2 refills. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg one daily #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request for Omeprazole 20 mg 1 daily #30 with 2 refills not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines Omeprazole 20 mg is recommended for patients at risk for gastrointestinal events. Per the documentation given there is no evidence of the injured worker having gastrointestinal events or has been diagnosed of having gastrointestinal events. There is lack of documentation also of the injured worker being on Omeprazole or the effectiveness of the Omeprazole 20 mg for the injured worker. Given the above, the request for Omeprazole 20 mg is not medically necessary.