

Case Number:	CM14-0044870		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2001
Decision Date:	08/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 Orthopedic Surgery 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 62 year-old male who was reportedly injured on October 10, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a reported atrophy, difficulty with squatting and loss of range of motion of the lower extremities. Diagnostic imaging studies were not presented for review. Previous treatment includes medications, therapy and conservative care. A request was made for multiple medications and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg twice a day #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Procedure Summary NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127 Page(s): 68 of 127.

Decision rationale: There are scant medical records presented for review. When noting the date of injury, tempered by the lack of any clinical information indicating that there is any gastroesophageal complaints, or changes requiring a protector and there is insufficient data to support the medical necessity of this medication. Therefore, this request is not medically necessary.