

Case Number:	CM14-0045619		
Date Assigned:	06/27/2014	Date of Injury:	10/13/2010
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/03/2014

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 records presented for review indicate that this 53-year-old male was reportedly injured on October 13, 2010. The mechanism of injury is noted as removing floor tiles with a metal bar. The most recent progress note, dated March 17, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness over the bilateral lumbar sacral paraspinal muscles with spasms. There was a positive bilateral straight leg raise test. Neurological examination noted decreased sensation at the bilateral L5 and S1 dermatomes. There was a request for an updated lumbar spine MRI. Previous treatment includes lumbar spine injections, acupuncture, physical therapy, and home exercise. A request had been made for omeprazole and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Count #60: Upheld

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

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

Decision rationale: Omeprazole is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. The American College of Occupational and Environmental Medicine Chronic Pain Treatment Guidelines recommends proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. The record provided does not note the G.I. disorder, nor is there documentation of long-term use of an NSAID considered to be a 'high dose NSAID's defined by the American college of gastroenterology. Therefore, this request for omeprazole is not medically necessary.