

Case Number:	CM14-0046276		
Date Assigned:	07/02/2014	Date of Injury:	07/11/2005
Decision Date:	08/20/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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 Interventional Spine 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 patient is a 61-year-old female with date of injury 7/11/05. The treating physician report dated 3/21/14 indicates that the patient presents with pain affecting the lumbar spine with pain in the legs and knee pain with locking during ambulation. The patient had moderate relief with Limbrel. The patient complains of some gastrointestinal (GI) upset with medications. The current diagnoses are lumbar spine radiculitis, lumbar disc herniation, obesity, diabetes, and right knee pain. The utilization review report dated 3/28/14 denied the request for Omeprazole 20mg #60 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Omeprazole 20 mg. # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: The patient presents with chronic lower back pain with bilateral lower extremity pain. The current request is for Omeprazole 20mg #60. The treating physician report dated 3/21/14 states; she gets intermittent gastrointestinal (GI) upset, which affects her ability to take her medications. Continue Limbrel for anti-inflammation and pain, and Omeprazole secondary to GI upset. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. The Official Disability Guidelines also states that proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. The treater in this case has documented that the patient has GI symptoms that require an H2 receptor antagonist or a PPI. The request for Omeprazole 20mg #60 is medically necessary.