

Case Number:	CM14-0053700		
Date Assigned:	07/07/2014	Date of Injury:	09/17/2001
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 65 year old male who suffered work a related injury on 09/17/01, there is no documentation of mechanism of injury. Most recent progress note submitted for review dated 06/20/14, the injured worker came in complaining of low back and bilateral leg pain rated 7-9/10, and characterized as sharp, dull, throbbing, burning, aching, electricity and pins and needles. The injured workers' pain was increased by walking, bending, and cleaning. The injured worker indicated his pain was decreased by lying down, medication, sitting and resting. Previous treatments included therapy, ice, heat, acupuncture, medication and surgery. The patient has had a lumbar spinal fusion. On physical examination height was 5'11" weight was 335 pounds. He was pleasant, cooperative and in no acute distress. Pack, decreased range of motion all planes and positive tenderness to palpation lumbar paraspinous area. Neurologic alert and oriented times three and followed commands. Diagnosis are lumbar radiculopathy, lumbar post-laminectomy syndrome, degenerative lumbar disease and gastritis. In reviewing clinical documentation submitted for review, it was documented that the patient that the injured worker had gastritis secondary to chronic medication use and was taking omeprazole. Prior utilization review dated 04/20/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68. Decision based on Non-MTUS Citation www.drugs.com Physicians' Desk Reference (PDR), 68th Edition, 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton pump inhibitors (PPIs).

Decision rationale: The request for omeprazole 20mg is medically necessary. The clinical documentation submitted for review does support the request for Omeprazole. In reviewing clinical documentation submitted for review, it was documented that the patient that the injured worker had gastritis secondary to chronic medication use. As such, medical necessity has been established.