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| Case Number: | CM14-0055557 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 01/04/2010 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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 Family Medicine and is licensed to practice in Utah. 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 female of unknown age, as date of birth is not stated. The patient's date of injury is 1/4/2010. The mechanism of injury was lifting and stocking counter. The patient has been diagnosed with lumbar sprain, lumbosacral neuritis, depression and anxiety. The patient's treatments have included imaging studies and medications. The physical exam finding dated 3/4/2014 shows the patient is tearful and crying during the exam. She is noted to have tenderness throughout the lumbar paraspinal muscles with decreased range of motion at all planes of the waist. The patient's medications have included, but are not limited to, Norco, Prilosec, Trazodone and Biofreeze. The request is for Omeprazole, It is not stated when this medication was started or the outcomes of this medication, if any.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of Omperazole, as stated in the above request, is determined not to be a medical necessity at this time.