

Case Number:	CM14-0056894		
Date Assigned:	07/09/2014	Date of Injury:	07/31/2002
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 Texas. 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 52 year old female who had a work related injury on 07/31/02. The mechanism of injury is not documented. The records indicate that the injured worker has received conservative management and ultimately underwent L3-4 and L4-5 laminectomy. Postoperatively, the injured worker continues to have low back pain radiating to the lower extremities. The most recent clinical note submitted for review is dated 04/04/14. She is complaining of back pain radiating from the low back down both legs, right greater than left. Pain level has increased since last visit. No report of any change in the location of pain. No new problems or side effects. Review of systems is noncontributory. Physical examination well-nourished well-developed female. She appears to be in mild pain and ambulates normally without a device. Inspection of the lumbar spine reveals surgical scars. Range of motion is restricted with flexion limited to 60 degrees and extension 10 degrees. On palpation, paravertebral muscles, spasm and tenderness is noted on both sides. Spinous process tenderness is noted on L3, L4 and L5. Heel and toe walk are normal. Gaenslen's test was negative. Lumbar facet loading is positive on both sides. Straight leg raising is negative. Ankle jerk is 1/4 bilaterally. Patellar jerk is 1/4 bilaterally. Motor strength of extensor hallucis longus on the right is 5-/5, on the left is 4/5. Sensory examination light touch sensation is decreased over the medial foot, lateral calf, lateral thigh, big toe on the right side. Diagnoses are: disc disorder lumbar spine, lumbar facet syndrome, lumbar radiculopathy, post lumbar laminectomy syndrome, and spinal lumbar degenerative disc disease. Prior utilization review on 04/15/14 was non-certified. There is no documentation that the injured worker has gastrointestinal problems or is at risk of developing gastrointestinal problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 40mg #30 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors PPIs are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drugs (NSAID) (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.