

Case Number:	CM14-0057183		
Date Assigned:	07/09/2014	Date of Injury:	08/22/2012
Decision Date:	09/08/2014	UR Denial Date:	04/19/2014
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 28 year old male who sustained an injury on 08/22/2012. No specific mechanism of injury was noted. The injured worker was seen on 03/19/14 for continuing complaints of pain in the low back radiating to the left lower extremity. The injured worker's physical examination noted limited range of motion in the lumbar spine with paraspinal tenderness to palpation. Straight leg raise was reported as positive to the right and there was diminished sensation in L4-5 distribution. Recommendations were for additional epidural steroid injections. The injured worker was prescribed diclofenac 100 mg as well as omeprazole 20 mg to reduce non-steroidal anti-inflammatory medications (NSAID) gastritis prophylaxis. There was no indication of any other side effects from medications. The requested omeprazole 20 mg #60 was denied by utilization review on an undetermined date.

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.

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.

Decision rationale: In regards to the use of Omeprazole 20mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.