

Case Number:	CM14-0060871		
Date Assigned:	07/09/2014	Date of Injury:	05/13/2011
Decision Date:	08/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 Practice 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:

This case involves a 26-year-old male claimant, who sustained a work injury on 5/13/11 involving the back and legs. The claimant had a diagnosis of herniated nucleus pulposus and a right knee fracture. He had undergone physical therapy and epidural injections. A progress note on 4/15/14 indicated that the claimant had 9/10 pain. The exam findings were notable for reduced range of of the back and a positive straight leg raise. His pain was managed with non-steroidal anti-inflammatory drugs (NSAIDs), Opioids and Muscle Relaxants. He was given Omeprazole 20 mg twice a day to prevent abdominal problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with a high risk of gastrointestinal (GI) events such as bleeding, perforation, and concurrent

anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.