

Case Number:	CM14-0071164		
Date Assigned:	06/04/2014	Date of Injury:	08/29/2012
Decision Date:	07/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 55-year-old female who reported a fall on 8/29/12. It was annotated that the injured worker was status post lumbar fusion dated 2/21/14 with a second surgery on 3/15/14. In the clinical notes dated 5/5/14, the injured worker complained of significant increased pain and muscle spasms to the low back as well as general myalgias, aches, and pains to her whole body. It was also documented that the injured worker was able to cut back on her pain medication significantly and had been diligently pushing through her physical therapy as directed. The injured worker stated that the prescribed medication regimen allowed her to be functional and able to participate in active daily activities of daily living as well as aggressively "peruse" physical therapy. The physical examination of the lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. It was documented that trigger points and taut bands with tenderness to palpation were noted throughout. The lumbar spine range of motion was annotated as 45 out of 60 degrees flexion, 15 out of 25 degrees extension, 20 out of 25 degrees left lateral bend, and 20 out of 25 degrees right lateral bend. There were no neurological deficits noted. It was noted that there was a positive straight leg raise in modified sitting position on the right at 65 degrees. The injured worker's prescribed medication regimen included Norco 10/325mg (8 tablets every day), Anaprox DS 550mg, Prilosec 20mg (1 tablet twice a day), and Fexmid 7.5mg every night as needed for short term use. The diagnoses included lumbar myoligamentous injury with numerous 4-5 mm disc protrusions lateralizing to the right, right lower extremity radiculopathy, left knee medial meniscus tear, and right knee medial meniscus tear. The treatment plan included a refill of the injured worker's prescribed medications, Norco 10/325mg, Fexmid 7.5mg, and Prilosec 20mg. The injured worker was to continue with physical therapy and to follow-up within one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS Guidelines state that a determination of the injured worker's risk for gastrointestinal events include age greater than 65, a history of peptic ulcer, GI bleeding, or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g. NSAID plus low dose ASA). In the clinical documentation provided for review, there is a lack of documentation of the injured worker having gastrointestinal issues or noted side effects of the prescribed pain medications. There is also lack of evidence of the injured worker having a history of peptic ulcer, GI bleeding, or perforation. It is also annotated that the injured worker is decreasing the use of prescribed pain medication. Furthermore, the request lacks documentation of the frequency of the prescribed medication. As such, the request is not medically necessary.