

Case Number:	CM14-0084389		
Date Assigned:	07/28/2014	Date of Injury:	06/24/2008
Decision Date:	09/19/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/06/2014

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 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:

The injured worker is a 47 year old male who reported an injury on 06/24/2008; the mechanism of injury was not provided. Diagnoses included chronic low back pain, swelling of the right leg, chronic right foot pain, and ventral hernia. Past treatments, diagnostics, and surgical history were not provided. The clinical note dated 04/23/2014 indicated the patient complained of low back pain and swelling to the right foot. The physical exam included findings for the spine and right foot. Medications included cyclobenzaprine 7.5 mg, Diclofenac XR 100 mg, Omeprazole 20 mg, Ondansetron 4 mg, and Tramadol ER 150 mg. The treatment plan included omeprazole 20 mg; the rationale provided was for prophylaxis to reduce NSAID gastritis. The request for authorization form was not provided.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker complained of low back pain and swelling to the right foot. The California MTUS guidelines indicate that a patient is at risk for gastrointestinal event if they are over 65 years of age, have a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or are on high dose/multiple NSAIDs. For patients found to be at intermediate risk for gastrointestinal events and no cardiovascular disease, omeprazole 20 mg is recommended for use with non-selective NSAID. The rationale provided for the request of omeprazole was for prophylaxis to reduce NSAID gastritis. The current medication list did not include an NSAID. The patient is under 65 years of age, and a history of GI symptoms and diagnoses was not provided. Furthermore, the request did not include indicators of time and frequency for the medication. Therefore, the request for Omeprazole 20 mg is found to be not medically necessary.