

Case Number:	CM14-0108465		
Date Assigned:	08/01/2014	Date of Injury:	12/05/2013
Decision Date:	02/19/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 58 year-old male who was originally injured on 12/5/2013 upon lifting a pallet, suffering injury to his lumbar back and left wrist. The injured worker has been diagnosed with lumbar disc protrusion, lumbar radiculopathy, left elbow neuralgia, left carpal tunnel syndrome, loss of sleep, anxiety and depression. He underwent treatment with physiotherapy, chiropractic care, and acupuncture. Medications prescribed included hydrocodone 10/325 and naproxen 550mg. The injured worker was prescribed omeprazole 20mg #60, which was not authorized by utilization review. This request was then submitted for independent medical review.

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 NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton-pump inhibitor currently indicated for treatment of dyspepsia, gastroesophageal reflux disease and peptic ulcer disease. Per the MTUS guidelines, a patient is considered to be at risk for gastrointestinal events if: age greater than 65 years; history of peptic ulcer; GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; high dose/multiple NSAIDs. Furthermore, long-term use of a proton-pump inhibitor, greater than 1 year, has been shown to increase the risk of hip fracture. Within the documentation provided for review, there is no clear indication from the treating physician why the injured worker required treatment with Omeprazole. There is mention that the injured worker takes anti-hypertensive medication, but there is no clear documentation of aspirin use. Therefore, the requested medication, Omeprazole 20mg #60 is not supported by the MTUS guidelines and is not medically necessary.