MAXIMUS Federal Services

Case Number:	CM14-0128859		
Date Assigned:	08/18/2014	Date of Injury:	03/20/2006
Decision Date:	04/14/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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: Physical Medicine & Rehabilitation

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 40 year old female, who sustained an industrial injury on 3/20/2006. The mechanism of injury has not been provided. The injured worker was diagnosed as having lumbar radiculopathy and postsurgical status not elsewhere classified. Treatment to date has included medications, diagnostics, and home exercise. Acupuncture is pending. Per the Primary Treating Physician's Progress Report dated 7/02/2014, the injured worker reported pain radiating from her lower back to her hips and sacrum. She continues to have numbness and tingling in her lower extremities. Physical examination revealed a well haled scar over the lumbar area. Range of motion is restricted. Straight leg raise test is positive on the right. The paravertebral muscles are tender to palpation. The plan of care included acupuncture, continuation of medications and follow up care as needed. Authorization was requested on 7/02/2014 for Medrox, Tramadol, Lidoderm, Cyclobenzaprine, Hydrocodone and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole Dr 20 mg Qty 30 is not medically necessary and appropriate.