

Case Number:	CM14-0136928		
Date Assigned:	09/05/2014	Date of Injury:	01/14/2013
Decision Date:	04/03/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 51-year-old male who reported an injury on 01/14/2013. The injured worker had reportedly complained of continued pain in his left lumbosacral area and right elbow, and been provided with different medications for treatment of his symptoms. Omeprazole was 1 of the medications and had been reviewed for ongoing use, but was declined as there was no documentation of improvement in GI symptoms with the use of the medication. The injured worker had previously been treated as well with bilateral transforaminal epidural steroid injections in the lumbar region from L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, 1 tab twice a day, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: According to the California MTUS Guidelines, omeprazole is commonly utilized for injured workers who have GI upset in relation to the use of NSAIDs or other oral medications. However, the most recent clinical documentation did not indicate that the injured worker had any GI symptoms to necessitate the ongoing use of omeprazole. Therefore, the requested service was not considered a medical necessity.