

Case Number:	CM14-0184635		
Date Assigned:	11/12/2014	Date of Injury:	04/17/2012
Decision Date:	01/09/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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 Interventional Spine 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 patient is a 39-year-old male with a date of injury of 04/17/2012. The listed diagnoses are: 1. Lumbar discogenic syndrome. 2. Lumbosacral or thoracic, neuritis or radiculitis. 3. Lumbar sprain/strain. 4. Myofascial pain. 5. Lumbar radiculopathy. According to progress report 09/23/2014, the patient presents with continued low back pain that radiates into the buttocks. The patient is status post lumbar surgery from 02/13/2014. The patient has completed physical therapy and continues to do home exercises. He stopped taking Cyclobenzaprine as it makes him very tired. He is utilizing a TENS unit with noted benefit. Report 09/18/2014 notes the patient continues with constant intermittent low back pain which is rated as 7/10. Patient's current medication regimen includes Norco, Valium, and Mobic. Request for authorization (RFA) dated 09/18/2014 requests #60 omeprazole 20 mg. Utilization review denied the request on 10/07/2014. Treatment reports from 04/10/2014 through 09/23/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: 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, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with chronic low back pain. The current request is for Omeprazole 20 mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, and (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been utilizing an anti-inflammatory since at least 04/10/2014. In this case, the patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The requested Omeprazole is not medically necessary.