

Case Number:	CM14-0188909		
Date Assigned:	11/19/2014	Date of Injury:	04/23/2007
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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. The expert reviewer is Board Certified in Family Medicine 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:

This is a 49 year old patient who sustained a work related injury on 4/23/2007. The exact mechanism of injury was not specified in the records provided. The current diagnoses include low back pain and radiculopathy. Per the note dated 10/28/14 the claimant has complaints of increased pain in the lumbar spine with increased numbness and tingling of the legs. Physical examination revealed decreased motion of the back, spasm of the lumbar paraspinal muscles, and positive straight leg raise test bilaterally. Per the doctor's note dated 9/16/14, patient has complaints of increased pain in the lumbar spine. Physical examination revealed limited range of motion, strength and reflexes and muscle spasm. The medication lists include Omeprazole 20mg, Neurontin, Zanaflex, and Terocin patch. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of the PT and trigger point injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the Chronic Pain Guidelines recommend PPIs, "Patients at intermediate risk for gastrointestinal events.... Patients at high risk for gastrointestinal events.... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole is not fully established in this patient.

Spine surgery consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The current diagnoses include low back pain and radiculopathy. Per the note dated 10/28/14 the claimant has complaints of increased pain in the lumbar spine with increased numbness and tingling of the legs and physical examination revealed decreased motion of the back, spasm of the lumbar paraspinal muscles, and positive straight leg raise test bilaterally. Per the doctor's note dated 9/16/14, patient has complaints of increased pain in the lumbar spine and physical examination revealed limited range of motion, strength and reflexes and muscle spasm. Therefore there is objective evidence of radiculopathy. The PT has already had conservative treatment with medications and PT. A spine surgery consult is medically appropriate and necessary at this point to evaluate the pt further and to explore other treatment options.