

Case Number:	CM14-0189581		
Date Assigned:	11/20/2014	Date of Injury:	09/19/2011
Decision Date:	01/16/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/13/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey and New York. 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 injured worker is a 37 year-old male who injured his lower back on 9/19/11 when a heavy large object fell on him off of a truck. He was diagnosed with lumbar sprain, right trigger finger, and possible carpal tunnel syndrome. He also had tender right lateral elbow. He had surgery for trigger finger and carpal tunnel syndrome and developed right lateral epicondylitis afterwards. He complained of lower back pain. On exam, he had tender lumbar spine with decreased range of motion. MRI lumbar spine showed left central protrusion at L5-S1 and L4-5 bulge, central protrusion with mild central canal narrowing, and a central L3-4 protrusion with minimal central canal narrowing, and no compression fracture. He was diagnosed with degeneration of intervertebral disc. His treatment included injections, epidurals, and rhizotomies which did not help relieve pain. His medications included Vicodin, Flexeril, and Gabapentin. He was also prescribed Voltaren and Omeprazole. He also had physical therapy. The utilization review did not authorize the use of Omeprazole 20mg on 10/13/14.

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 Proton Pump Inhibitors Page(s): 22, 67-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI (NSAIDs, GI risk)

Decision rationale: The request for Omeprazole is not medically necessary. The ODG guidelines were used as the MTUS does not address the use of Omeprazole. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. The patient was recommended Voltaren for lumbago but there was no history of chronic use requiring a PPI. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.