

Case Number:	CM14-0190643		
Date Assigned:	11/24/2014	Date of Injury:	07/24/2003
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine; Pulmonary Diseases 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 injured worker is a 62-year-old male who reported an injury on 07/24/2003. The mechanism of injury was not documented within in the clinical notes. The diagnoses included lumbar disc degeneration, chronic pain, and lumbar radiculopathy. The past treatments were noted to include physical therapy. There was no official diagnostic imaging studies submitted for review. There was no surgical history documented within the clinical notes. The subjective complaints on 06/06/2014 included low back pain that radiates down to the bilateral lower extremities. The injured worker rates the pain 6/10. The injured worker also reports complaints of dyspepsia and gastrointestinal upset associated with medication usage. The physical exam noted tenderness upon palpation to the bilateral paravertebral musculature at the L4-S1 levels. There were also spasms noted in the bilateral paraspinous musculature. The pain was significant increased with flexion and extension. The motor examination revealed decreased strength in the bilateral lower extremities. It was also noted that the patient had dyspepsia related to medication usage. The medications were noted to include Gabapentin 300 Mg, Omeprazole 20 Mg, Tizanidine 20 mg, and Tramadol 50 mg. The treatment plan was to continue and refill the medications. A request was received for Omeprazole DR 20 mg. The rationale for the request was to alleviate medication related dyspepsia. The Request for Authorization form was dated 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The request for omeprazole DR 20 mg #30 is medically necessary. The California MTUS Chronic Pain Guidelines state that omeprazole is recommended for patients taking NSAIDs who are shown to be at risk for gastrointestinal events, or who have complaints of dyspepsia related to NSAID/medication use. It was documented in the clinical notes that the patient is at risk for gastrointestinal events and has complaints of dyspepsia related to medication usage. Given the above, the request is supported by the evidence based guidelines. As such, the request is medically necessary.