

Case Number:	CM14-0198945		
Date Assigned:	01/08/2015	Date of Injury:	11/17/2003
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 Emergency 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:

The injured worker is a 43 year-old female, who sustained an injury on November 17, 2003. The mechanism of injury is not noted. Treatments have included: medications. The current diagnosis is: lumbago. The stated purpose of the request for Omeprazole 20mg (unknown quantity/duration): was not noted. The request for Omeprazole 20mg (unknown quantity/duration): was denied on November 3, 2014, citing a lack of documentation of GI distress symptoms. Per the report dated August 21, 2014 the treating physician noted complaints of low back and leg pain. Exam showed restricted lumbar range of motion with spasm and tenderness and decreased lower extremity sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg (unknown quantity/duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested Omeprazole 20mg (unknown quantity/duration):, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment

Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has low back and leg pain. The treating physician has documented restricted lumbar range of motion with spasm and tenderness and decreased lower extremity sensation. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Omeprazole 20mg (unknown quantity/duration): is not medically necessary.