

Case Number:	CM14-0200418		
Date Assigned:	12/10/2014	Date of Injury:	11/26/1999
Decision Date:	03/06/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old male with a reported industrial injury on November 26, 1999, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on October 8, 2014, for follow-up visit for lumbar post laminectomy syndrome and chronic pain syndrome with primary treating physician. The presenting complaints included the stimulator disturbs his creativity and does not use the stimulator for his back pain much and the medications help control his pain without side effects. The physical exam revealed limp and antalgic gait and ambulates with cane, lumbar spine paraspinal region at L4 and the iliolumbar region on the right and left and pain with range of motion. The medical treatment includes acetaminophen, amitriptyline, Carisoprodol, Diphenhydramine, Fluvirin, Lidoderm, Meclizine, Metoprolol, Omeprazole, Quetiapine, Tamsulosin, Topiramate, Venlafaxine, Zolpidem and spinal cord stimulator implantation and a laminectomy. Diagnoses are chronic pain syndrome and lumbar post-laminectomy syndrome. The treatment plan is: On November 11, 2014, the provider requested Omeprazole 20mg number 30 with five refills, on November 20, 2014, the Utilization Review non-certified the request, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30 REFILLS: 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms Page(s): 68.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. From my review of the medical records there is no mention of abdominal pain as either a chief complaint or mentioned in the review of systems. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that it be used at the lowest dose for the shortest possible amount of time Considering lack of documented necessity, the medication does not appear to be clinically necessary at this time.