

Case Number:	CM14-0208726		
Date Assigned:	12/22/2014	Date of Injury:	07/14/2003
Decision Date:	03/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Maryland, District of Columbia
Certification(s)/Specialty: Internal 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 employee was a 44 year old female who sustained an industrial injury on 07/14/2003 when she was picking boxes of paper in the supply room when she had sudden onset of low back pain. She was being treated for lumbar disc disease and muscle spasms. The note from 10/10/14 was reviewed. She had persistent back pain. She was taking Ibuprofen as well as Norco for pain. She also was taking Omeprazole. Review of systems was negative for abdominal pain, constipation, decreased appetite, nausea and vomiting. Pertinent examination findings included tenderness in lumbar paraspinal region with painful active ROM. Impression was inflammation of lumbosacral nerve and muscle spasm. The request was for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Omeprazole 20mg: 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 and cardiovascular risk Page(s): 68.

Decision rationale: The employee was a 44 year old female who sustained an industrial injury on 07/14/2003 when she was picking boxes of paper in the supply room when she had sudden onset of low back pain. She was being treated for lumbar disc disease and muscle spasms. The note from 10/10/14 was reviewed. She had persistent back pain. She was taking Ibuprofen as well as Norco for pain. She also was taking Omeprazole. Review of systems was negative for abdominal pain, constipation, decreased appetite, nausea and vomiting. Pertinent examination findings included tenderness in lumbar paraspinal region with painful active ROM. Impression was inflammation of lumbosacral nerve and muscle spasm. The request was for Omeprazole. Employee was being treated lumbar disc pain. The request is for Prilosec which is a proton pump inhibitor. According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The information given in this case suggests that the employee was probably being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. In addition there was no documentation that she is on multiple NSAIDs in conjunction with corticosteroids or anticoagulants and she is also younger than 65 years of age without any documented cardiovascular history. Request for Prilosec is not medically necessary and appropriate.