

Case Number:	CM14-0211171		
Date Assigned:	12/24/2014	Date of Injury:	04/19/2012
Decision Date:	02/23/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/16/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 24-year-old individual with an original date of injury of April 19, 2012. The affected body region as part of the industrial claim is the lumbar spine. The injured worker's status is total temporary disability. The treatment plan to date has included physical therapy, TENS unit, diclofenac, and omeprazole. The disputed issue is a request for 60 pills of omeprazole 20 mg. A utilization review determination on December 5, 2014 had modified this request from 60 pills to 30 pills. The stated rationale for this modification was that omeprazole "is rarely used in adjusted schedule other than once daily."

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg (retro-dispensed 11/06/14) Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Proton Pump Inhibitors, UptoDate Online

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight 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)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. There does not appear to have been a previous GI work-up. There is an undated submitted note entitled "Omeprazole Request" that restates the above guidelines, but does not document which GI risk factors are present in this worker. Given this, this request is not medically necessary.