

Case Number:	CM14-0218529		
Date Assigned:	01/08/2015	Date of Injury:	04/27/2011
Decision Date:	04/14/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	12/30/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female, who sustained an industrial injury on April 27, 2011. She has reported chronic low back pain, low back stiffness and gastrointestinal upset with non-steroidal anti-inflammatories. The diagnoses have included lumbosacral spondylosis without myelopathy, pathologic fracture of the vertebrae, chronic pain and senile osteoarthritis. Treatment to date has included Radiographic imaging, diagnostic studies, radiofrequency ablation, facet joint blocks, steroid injections, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back pain, low back stiffness and gastrointestinal upset with non-steroidal anti-inflammatories. The injured worker reported an industrial injury in 2011, resulting in chronic pain in the low back. Many failed conservative therapies and treatment modalities were noted. She reported gastrointestinal upset with the use of non-steroidal anti-inflammatories. She was treated surgically and with more invasive treatments without resolution of the pain. Evaluation on July 21, 2014, revealed continued pain however, it was noted she had good muscle tone and often overused her back resulting in worse pain. She reported adequate pain control with the medication regiment however, it was noted she was taking multiple doses of pain medication daily. The Celebrex was to be discontinued secondary to a noted cardiovascular risk. Additional conservative therapies were discussed and acupuncture therapy was requested. On December 20, 2014, Utilization Review non-certified a 1 prescription of Omeprazole 20mg #30 with 1 refill, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 30, 2014, the injured worker submitted an application for IMR for review of requested 1 prescription of Omeprazole 20mg #30 with 1 refill.

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 #30 with 1 refill: 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 and CV risk Page(s): 68.

Decision rationale: The patient continues to have moderate low back pain that is worsening. The current request is for Omeprazole 20 mg #30 with 1 refill. The MTUS guidelines recommend Omeprazole when patients are a risk for GI events. Risks include age 65, history of peptic ulcer, GI bleeding, or perforation, concurrent use of ASA, corticosteroids and/or anticoagulants, and high dose or multiple NSAIDs. In this case, the records fail to document any GI symptoms, which would warrant Omeprazole. There is no documentation of GI bleeding, concurrent use of ASA, corticosteroids or anticoagulants. There is also no evidence of high dose or multiple doses of NSAIDs at this time. As such, the recommendation is for denial.