

Case Number:	CM14-0057789		
Date Assigned:	09/25/2014	Date of Injury:	10/05/1994
Decision Date:	04/07/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 & 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 48 year old male, who sustained an industrial injury on October 5, 1994. He has reported a lumbar spine injury. His diagnoses include lumbago and posterior laminectomy syndrome of the lumbar spine. He has been treated with MRI, spinal cord stimulator implantation on January 23, 2014, physical therapy, home exercise program, and medications including pain, anti-epilepsy, antidepressant, proton pump inhibitor, stool softeners, and non-steroidal anti-inflammatory. On April 2, 2014, his treating physician reports severe intractable low back pain and left lower extremity radicular pain with numbness and tingling due to failed back surgery syndrome. He has a long history of medication/opioid-induced reflux/gastritis, and has been diagnosed with gastrointestinal reflux disease. The physical exam revealed tenderness to palpation of the bilateral lumbar paraspinals and the lumbar 4-5 and lumbar 5-sacral 1 facets and positive quadrant testing bilaterally. There was significantly decreased range of motion, normal squatting, tenderness of the left sciatic notch, negative right straight leg raise, positive left straight leg raise, abnormal toe and heel walking, positive bilateral Patrick's maneuver with positive Fortins and Yoemans, negative right Fabere test, and positive left Fabere test. There was normal gait and posture, no paraspinal muscle spasm, mildly decreased right lower extremity strength, decreased sensation to light touch: numbness of the left lower extremity predominately sacral 1, and no clonus. The treatment plan includes a prescription for his current proton pump inhibitor medication. On April 15, 2014 Utilization Review non-certified a prescription for Omeprazole 20mg #30, noting the lack of relationship to the compensable injury. The California Medical Treatment Utilization Schedule (MTUS),

ACOEM (American College of Occupational and Environmental Medicine) Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the 04/02/2014 report, this patient presents with lumbar spine. The current request is for Omeprazole 20 mg #30. This medication was first mentioned in the 08/09/2013 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 04/04/2014. The patient's work status is permanent and stationary. The MTUS Guidelines state with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."The medical reports provided indicate the patient has a long history of medication/opioid-induced reflux/gastritis, and has been diagnosed with GERD. He has tried/failed multiple NSAIDS, including Ibuprofen, Naproxen, and Diclofenac due to GERD symptoms. In this case, the treating physician has documented GI symptoms that this patient is struggling with. However, the treating physician does not mention whether or not this medication is helping to improve the patient's condition. MTUS page 60 required documentation of medication efficacy; therefore, the request IS NOT medically necessary.