

Case Number:	CM15-0008288		
Date Assigned:	01/23/2015	Date of Injury:	12/05/2008
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male, who sustained an industrial injury on 12/5/08. He has reported low back pain. The diagnoses have included lumbar radiculopathy, brachial neuritis, anxiety and chronic pain syndrome. Treatment to date has included diagnostic studies, electrodiagnostic studies and oral medications. As of the PR2 on 12/1/14, the injured worker reported no significant improvement since last exam. He reports continued lower back pain and is awaiting surgery to be authorized. Current medications include Norco 10/325mg, Oxycodone HCL 10mg, Omeprazole DR 20mg and Ultram 50mg. The treating physician is requesting Omeprazole DR 20mg #30. On 12/16/14 Utilization Review non-certified a request for Omeprazole DR 20mg #30. The UR physician cited the MTUS guidelines for chronic pain medical treatment, specifically the NSAIDs, GI symptoms and cardiovascular risk chapter. On 1/14/15, the injured worker submitted an application for IMR for review of Omeprazole DR 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg, one daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole DR 20mg, one daily is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole is not medically necessary.