

Case Number:	CM15-0009623		
Date Assigned:	01/27/2015	Date of Injury:	11/14/2011
Decision Date:	05/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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: 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 65-year-old female who reported an injury on 11/14/2011. The mechanism of injury involved a fall. The current request is for the retrospective prescription for omeprazole 20 mg with a date of service of 05/28/2013. However, there was no physician progress reports submitted on the requesting date. The injured worker presented on 07/01/2013 with complaints of persistent low back pain with radiation into the bilateral lower extremities causing weakness and tingling. The injured worker had been previously treated with physical therapy, chiropractic treatment, acupuncture, bracing, medications and epidural injections. Upon examination, there was paraspinal musculature tenderness, decreased range of motion, weakness and decreased sensation in the lower extremities consistent with the disc degeneration. The current diagnoses include lumbar disc protrusion at L5-S1 and left lower extremity radiculopathy. Recommendations included an anterior and posterior laminectomy, foraminotomy, microdiscectomy and micro decompression at the left L5-S1 level. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg, #30 (DOS: 5/28/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no physician progress report submitted on the requesting date of 05/28/2013. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.