

Case Number:	CM15-0109287		
Date Assigned:	06/15/2015	Date of Injury:	07/07/2010
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: Internal 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 41 year old male, who sustained an industrial injury on 7/07/2010. Diagnoses include sacroiliitis, lumbar facet arthropathy, degenerative lumbosacral/lumbar intervertebral disc and thoracic/lumbosacral neuritis/radiculitis unspecified. Treatment to date has included surgical intervention (microdiscectomy and foraminotomy L5-S1 11/04/2014), diagnostics, medications including opioid pain medication, radiofrequency neurotomy, epidural steroid injections, nerve blocks, chiropractic care, acupuncture, physical therapy, home exercise and TENS unit. Per the Secondary Treating Physician's Progress Report dated 5/06/2015 the injured worker reported low back pain. He rated his average pain as 7/10 without medication and 3/10 with medication. His current pain was 5/10. Physical examination revealed tenderness to palpation of the paraspinals with restricted ranges of motion. The plan of care included medications and authorization was requested for Omeprazole 20mg and Oxycodone HCL 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg every 12 hours, QTY: 240: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The progress report dated 5/28/15 documented the medications Oxycodone, Cyclobenzaprine, Ranitidine (Zantac), and Omeprazole. The progress report dated 5/28/15 documented the medications Percocet, Ranitidine, and Omeprazole. No NSAID non-steroidal anti-inflammatory drug prescription was documented. The request for Omeprazole is not supported by MTUS guidelines. Therefore, the request for Omeprazole is not medically necessary.