

Case Number:	CM15-0130981		
Date Assigned:	07/17/2015	Date of Injury:	08/04/2010
Decision Date:	08/19/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45-year-old female, who sustained an industrial injury on 8/4/10. The injured worker was diagnosed as having (HNP) herniated nucleus pulposus, thoracic sprain, lumbar radiculopathy and facet arthropathy of the lumbar spine. Treatment to date has included 15 sessions of acupuncture therapy, 2 sessions of chiropractic therapy, aqua therapy, transforaminal epidural steroid injections, medial branch block, oral medications including Tramadol, Naproxen, Gabapentin, Prilosec and Zofran; topical LidoPro cream and Toradol injections. She has not worked since 8/4/10. Current medications include Gabapentin 600mg, LidoPro cream and over the counter omeprazole 20mg. (MRI) magnetic resonance imaging of lumbar spine was performed on 3/4/14. Currently on 3/2/15, the injured worker complains of burning, stabbing pain with pins and needles in the low back with radiation across the low back and into the right leg. She states she suffered a fall in June, which caused the pain to radiate into the left leg, there is numbness in the low back radiating down to the bilateral legs and she is experiencing pressure in the low back. She reports gastrointestinal upset with medications, which is controlled with Prilosec. Physical exam performed on 3/2/15 revealed tenderness to palpation to lumbar paraspinals and facet joints, antalgic gait with use of a cane, decreased range of motion in all planes of the lumbar spine and decreased sensation of right L4, L5 and S1 dermatomes. The treatment plan included request for authorization for Omeprazole 20mg #60, Gabapentin 600mg #30, physical therapy 8 sessions, (CT) computerized tomography scan discogram, internal medicine consultation, cane and x-ray of right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20mg #60 (Unknown DOS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any risk factors. The injured worker noted she had gastrointestinal upset with medications. There is no objective documentation or diagnosis to support the use of Omeprazole. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.