MAXIMUS Federal Services

Case Number:	CM15-0131143		
Date Assigned:	07/17/2015	Date of Injury:	08/13/1992
Decision Date:	09/23/2015	UR Denial Date:	06/12/2015
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: California
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 58 year old female who sustained an industrial injury on 8/13/92. The injured worker was diagnosed as having thoracic or lumbar spondylosis with myelopathy, lumbago, thoracic or lumbosacral neuritis unspecified. Comorbid conditions included obesity (BMI 33.2). The work status was noted as permanent and stationary. Previous diagnostic studies included lumbar plain radiographic study in 2012 which showed degenerative changes, worse at L4-5. Previous treatments included medication, injection therapy, status post back surgery (1993), heat application and home exercise program. The provider progress note dated 6/30/15 reported that the injured worker continued to complain of chronic mid and low back pain, left worse than right, with radiation to the lower extremities. The pain level was noted as 3-4/10 with medications and 10/10 without medications. She has no side effects from her medications and denies nausea, vomiting or other gastrointestinal complaints. Present medications include tramadol, Norco and ibuprofen. Physical examination was notable for cervical spinous process tenderness, tenderness to palpation to lower lumbar paraspinal muscles bilaterally, restricted lumbar range of motion, straight leg raise negative bilaterally and normal motor exam to lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40mg 1 tab every morning with food: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (Chronic) Proton Pump Inhibitors (PPIs).

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

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger/Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at risk of a gastrointestinal (GI) bleed such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids, high dose NSAIDs or anticoagulants. Since this patient has no risk factors for a GI event the MTUS does not recommend prophylaxis with a proton pump inhibitor. The request for use of this medication is not medically necessary and has not been established.