

Case Number:	CM15-0131212		
Date Assigned:	07/17/2015	Date of Injury:	11/18/2013
Decision Date:	09/09/2015	UR Denial Date:	06/02/2015
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: New York

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 44-year-old male, who sustained an industrial injury on 11/18/2013. The injured worker is currently off work. The injured worker is currently diagnosed as having lumbar spine sprain/strain with right lower extremity radiculopathy, right knee sprain/strain, and sleep disturbance. Treatment and diagnostics to date has included lumbar spine MRI that showed an annular bulge with no stenosis and disc protrusion at L4-L5 with severe canal stenosis, lumbosacral epidural steroid injection, acupuncture, chiropractic treatment, use of IF (interferential) unit, home exercise program, and medications. In a progress note dated 04/17/2015, the injured worker presented with complaints of headache, low back pain with radiating pain to his legs, erectile dysfunction, difficulty falling asleep, and depression, loss of memory, and anxiety. Objective findings include tenderness to palpation over the right paralumbar muscles and medial knee joint with positive McMurray's test. The treating physician reported requesting authorization for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 (1 tab po daily 30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 124, 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain-Salicylate topicals.

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or anticoagulant, or high dose/multiple NSAID" use. The injured worker is less than 65 years of age, there are no noted non-steroidal anti-inflammatory drugs (NSAIDs) prescribed, and there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Omeprazole is not medically necessary.