

Case Number:	CM15-0133373		
Date Assigned:	07/21/2015	Date of Injury:	02/01/2000
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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, California

Certification(s)/Specialty: Family Practice

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 54-year-old female, who sustained an industrial injury on 2/01/2000. Diagnoses include lumbar degenerative disc disease, positive discogram at L5-S1, myofascial low back pain, bilateral sacroiliitis and bilateral facet pain. Treatment to date has included conservative measures including medications (NSAIDs, muscle relaxants and opioid pain medication), physical therapy, chiropractic, acupuncture, Toradol injection, and epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 3/24/2015, the injured worker reported persistent low back pain rated as 5/10 in severity mostly radiating to the left gluteal region and on the medial aspect of the left thigh. Physical examination revealed spasms in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. There was tenderness noted at the bilateral posterior superior iliac spine worse on the right. Patrick test was positive on the right. Strength was 5/5. The plan of care included medications and authorization was requested for Omeprazole 20mg #30, Tramadol 50mg #60 and Meloxicam 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had been on NSAIDS along with Tramadol but there were no GI complaints mentioned or abnormal exam. Therefore, the continued use of Omeprazole is not medically necessary.