

Case Number:	CM15-0136464		
Date Assigned:	07/24/2015	Date of Injury:	12/14/2013
Decision Date:	08/21/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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 was a 48 year old male, who sustained an industrial injury, December 14, 2013. The injury was sustained when the injured worker was mopping a floor while at work. The injured worker felt a cold sensation and then pain in the low back. The injured worker previously received the following treatments LidoPro patches, home exercise program of the back, lumbar spine MRI, chiropractic services, Omeprazole, Naproxen, Nucynta and Cyclobenzaprine. The injured worker was diagnosed with lumbar radiculopathy, chronic pain syndrome, facet arthropathy, sacroiliac ligament sprain/strain, lumbar facet or arthropathy, lumbar disc degeneration. According to progress note of May 20, 2015, the injured worker's chief complaint was low back pain. The injured worker was assaulted on May 14, 2015, which caused neck and upper back pain with a head injury. The injured worker rate the low back pain at out of 10. The injured worker trailed a TENS (transcutaneous electrical nerve stimulator) unit for 15 minutes during this visit which reduced the pain to a 5 out of 10 level. The treatment plan included a prescription renewal for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg,1-2 per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole 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 anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.