

Case Number:	CM15-0141199		
Date Assigned:	08/05/2015	Date of Injury:	06/30/2013
Decision Date:	09/22/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52 year old, female who sustained a work related injury on 6-30-13. The diagnoses have included lumbar strain-sprain with L4-L5 disc bulge and facet joint hypertrophy and chronic left L4-L5 radiculopathy and chronic right L4, L5, S1 radiculopathy. Treatments have included lumbar epidural steroid injections, physical therapy, acupuncture and oral medications. In the Treating Physician's Progress Report dated 6-17-15, the injured worker reports pain across her low back. She has numbness affecting both feet but states the pain travels posterolateral down the left leg to bottom of foot. She reports weakness. She has difficulty with twisting, bending, walking and prolonged sitting. She rates her pain level a 7 out of 10 with medication. She rates the pain level a 10 out of 10 without medications. She notes 30% improvement in low back and leg pain with medications. She notes a 40% to 50% improvement in function. On physical exam, she has bilateral lumbar paraspinous tenderness from L4 to S1 with 1+ spasm. Lumbar range of motion is flexion to 35 degrees, extension to 15 degrees, right lateral flexion at 20 degrees and left lateral flexion to 15 degrees. She has a positive straight leg raise at 40 degrees. She has decreased sensation in the L5 dermatome and right L4-L5 dermatome. She is not working. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg #60 is not medically necessary.