

Case Number:	CM15-0143186		
Date Assigned:	08/04/2015	Date of Injury:	05/28/2007
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/23/2015

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: Emergency 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 61 year old female who sustained an industrial injury on May 28, 2007. She reported an injury to her low back. Treatment to date has included medications, physical therapy and chiropractic care. According to a progress report dated June 11, 2015, the injured worker reported low back pain. Pain was rated 5 on a scale of 1-10. Pain was characterized as aching, cramping dull, sharp and was moderate-severe. Pain was associated with joint stiffness, muscle spasms, numbness and weakness. Medications were helping and she tolerated them well. Current medications included Cyclobenzaprine, Gabapentin, Lidopro ointment, Lunesta, Naproxen Sodium and Omeprazole. Medical history was positive for hypertension, arthritis and thyroid disease. She had no known drug allergies. Diagnoses included lumbago, sciatica, thoracic or lumbosacral neuritis or radiculitis not otherwise specified and chronic pain syndrome. Prescriptions were written for Cyclobenzaprine, Gabapentin, Lidocaine ointment, Lunesta, Naproxen and Omeprazole. Currently under review is the request for Omeprazole DR 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Updated 6/15/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on naproxen but on UR, it is not medically recommended. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient as per UR and there is no indication for use, Prilosec/Omeprazole is not medically necessary.