MAXIMUS Federal Services

Case Number:	CM15-0181089		
Date Assigned:	09/22/2015	Date of Injury:	02/21/2012
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 52 year old male who reported an industrial injury on 2-21-2012. His diagnoses include: disorders of bursae and tendons in shoulder region; displacement of lumbar inter-vertebral disc without myelopathy; and lumbago. Treatments include home exercise program and medication management with toxicology studies. The progress notes of 7-13/2015 noted a follow-up check, reporting: the complaint of left shoulder with a lot of improvement; that physical therapy was not covered by workman's compensation; improved sleep and energy for work with Tramadol; psychiatry and neurology recommending no changes in treatments or job; that an agreed medical evaluation was done on 2-21-2015; worsening pain in the lower back, rated 6-7 out of 10, that was associated with numbness and weakness, radiated to both legs-feet, was aggravated by sitting and activity, and relieved by rest; 100% pain in his back and 60 % in his legs, with the ability to walk 20 blocks, and his avoidance to go to work or drive a bus because of his pain. The objective findings were noted to include: no acute distress; the ability to sit comfortably; and lumbar range-of-motion with 60 degrees forward flexion, 25 degrees extension, and 20 degrees left and right side-bending. The physician's requests for treatment were noted to include Omeprazole 20 mg twice a day, #60. The Request for Authorization, dated 8-30-2015, was noted to include Omeprazole 20 mg, twice a day, #60. The Utilization Review of 9-3-2015 non-certified the request for Omeprazole 20 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, Qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The injured worker sustained a work related injury on 2-21-2012. His diagnoses include: disorders of bursae and tendons in shoulder region; displacement of lumbar inter-vertebral disc without myelopathy; and lumbago. Treatments include home exercise program and medication management with toxicology studies. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg, Qty: 60.00. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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 anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). There is no evidence from the records submitted for review that the injured worker has NSAID related gastrointestinal risk: currently the injured worker is not on treatment with an NSAID. Though the injured worker was reported to have experienced stomach upset with Effexor (which is not actually an NSAID), this medication has been stopped. Therefore the request is not medically necessary.