

Case Number:	CM15-0185366		
Date Assigned:	09/25/2015	Date of Injury:	09/23/2014
Decision Date:	11/06/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 32-year-old male, who sustained an industrial injury on 9-23-14. He is diagnosed with lumbar disc displacement, lumbar region sprain and thoracic region sprain. His work status is temporary total disability. A note dated 8-28-15 reveals complaints of constant thoracic and lumbar spine pain that radiates to his waist and hips and is rated at 6-7 out of 10. He also reports experiencing abdominal pain. A note dated 7-31-15 reveals the injured worker presented with complaints of low back and left shoulder pain described as sharp and burning sensation and is rated at 7 out of 10. The pain is increased with work and activity. A report dated 7-2-15 reveals complaints of constant, sharp low back pain and right knee pain rated at 5 out of 10. An examination dated 8-28-15 reveals the lumbar spine is tender to palpation; spasms are noted and there is limited range of motion. A physical examination dated 7-31-15 revealed tenderness at the thoracic and lumbar spine with spasm, decreased range of motion, positive straight leg raise and decreased sensory at "L5 dermatome". Treatment to date has included chiropractic care, which provided decreased pain and increased range of motion, per note dated 6-25-15. A note dated 6-5-15 states to hold medication due to gastritis. Therapy helps alleviate pain, per noted dated 7-2-15. Diagnostic studies to date have included MRI and x-ray, which reveal evidence of instability, per physician note dated 8-28-15. A request for authorization dated 8-28-15 for Omeprazole 20 mg #90 prescribed 8-28-15 is denied, per Utilization Review letter dated 9-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90, prescribed on 8/28/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. 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 anticoagulant; 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 g 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 state that the patient has gastritis but 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. There is no UGI or EGD to confirm the diagnosis of gastritis. As such, the request for Omeprazole 20mg, #90, prescribed on 8/28/15 is not medically necessary.