

Case Number:	CM15-0187766		
Date Assigned:	09/29/2015	Date of Injury:	10/12/2012
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/24/2015

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: Connecticut, California, Virginia

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:

The injured worker is a 47 year old female, who sustained an industrial injury on 10-12-2012. The medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy L4, L5, and S1 secondary to herniated disc and spondylolisthesis L5-S1. According to the progress report dated 8-11-2015, the injured worker presented with complaints of frequent pain in the lumbar spine with radiation into the abdomen. On a subjective pain scale, she rates her pain 7 out of 10. In addition, she complains of difficulty sleeping, numbness, tingling, and symptoms of anxiety and depression. The physical examination of the lumbar spine reveals tenderness to palpation over the paraspinal muscles with spasm and tightness, restricted range of motion, and straight leg raise test. The current medications are Anaprox and Prilosec (since at least 2-10-2015). Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI studies. Treatments to date include medication management, physical therapy, home exercise program, chiropractic, and epidural steroid injection. Work status is described as modified duty. The original utilization review (9-2-2015) had non-certified a request for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 1 by mouth daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The documents submitted for review provide no specific evidence of GI complaints or objective physical findings to warrant continued use of omeprazole. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Omeprazole being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records. Therefore, the request is not medically necessary given the provided information at this time.