

Case Number:	CM15-0190665		
Date Assigned:	10/02/2015	Date of Injury:	04/11/2010
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 54 year old female who sustained an industrial injury April 11, 2010. Diagnoses are myofascial pain syndrome; lumbar radiculopathy; lumbar sprain. Past treatment included chiropractic therapy, physical therapy, medical management, holistic and acupuncture. On April 17, 2015 she underwent left L4, L5, S1 transforaminal epidural injections and on June 9, 2015 an interlaminar epidural injection, catheter technique to C5. The physician documented as of June 12, 2015, the injured worker reported greater than 50% relief from injections, with an increased ability to walk further and sit longer. According to a primary treating physician's handwritten progress report dated September 11, 2015, the injured worker presented with complaints of increased pain in the sacroiliac joint with spasms. She also reports neck pain with radiation to the bilateral trapezius. Current medication included Omeprazole (ordered March, April, May, and June, 2015), Flexeril, and Voltaren. Physical examination revealed; positive left lumbosacral paraspinal muscle pain; positive straight leg raise, left; sacroiliac joint tenderness, left; positive left Gaenslen's, FABER's; decreased range of motion in all planes, lumbar spine.

Treatment plan included back brace, sacroiliac joint injections, and at issue, a request for authorization dated September 11, 2015, for Omeprazole. According to utilization review dated September 21, 2015, the request for Omeprazole Cap 20mg #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: 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 rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of gastrointestinal events. Per available documentation, she has experience no side effects from any of her prescribed medications, therefore, the request for Omeprazole 20mg #30 is determined to not be medically necessary.