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| Case Number: | CM15-0201275 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 10/29/2009 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 10-29-2009. A review of the medical records indicates that the worker is undergoing treatment for lumbar spondylolisthesis. Subjective complaints (07-22-2015 and 08-26-2015) included continued neck and low back pain that was not quantified. Objective findings (07-22-2015 and 08-26-2015) included tenderness to palpation of the cervical spine with guarding, moderate pain with extremes of motion, tenderness to palpation of the paralumbar musculature with spasm and decreased range of motion of the thoracolumbar spine. There were no subjective gastrointestinal complaints or objective gastrointestinal examination findings documented. Analgesic medication was noted to provide substantial reduction of pain for a minimum of up to six hours and significant functional improvement. Treatment has included sacroiliac joint injection, trigger point injections, physical therapy, Norco and Omeprazole (since at least 04-22-2015) that was noted as being prescribed to help combat the gastritis he receives when taking Norco. A utilization review dated 09-23-2015 non-certified a request for Retro: Omeprazole 20 mg #60 DOS 08-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20 mg #60 DOS 8/26/15: Upheld

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

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 chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. There was no mention of altering medications to avoid dyspepsia. The claimant was not on NSAIDS. Long-term use of PPIs is not indicated. Therefore, the continued use of Omeprazole is not medically necessary.