

Case Number:	CM15-0203014		
Date Assigned:	10/19/2015	Date of Injury:	10/26/2011
Decision Date:	12/01/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency 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 40 year old male, who sustained an industrial injury on 10-26-11. The injured worker is diagnosed with left inguinal region pain, testicular pain and post left inguinal hernia repair. His work status is modified duty. Notes dated 5-15-15 and 9-1-15 reveals the injured worker presented with complaints of persistent bilateral groin pain that radiates to the right testicle and is rated at 8 out of 10. His pain is increased by prolonged sitting, lifting, standing or walking. He reports, depression, shortness of breath and sleep disturbance. Physical examinations dated 8-6-15 and 9-1-15 revealed gastrointestinal is normal, discomfort with ambulation was noted; otherwise, "no changes noted". Treatment to date has included hernia repair, medications; Omeprazole (9-1-15), Effexor XR, Gabapentin and Ibuprofen (9-1-15) and physical therapy. A request for authorization dated 9-3-15 for Omeprazole 20 mg #30 is denied, per Utilization Review letter dated 9-12-15.

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, 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 rationale: The requested Omeprazole 20mg #30, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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 ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has bilateral groin pain that radiates to the right testicle and is rated at 8 out of 10. His pain is increased by prolonged sitting, lifting, standing or walking. He reports, depression, shortness of breath and sleep disturbance. Physical examinations dated 8-6-15 and 9-1-15 revealed gastrointestinal is normal, discomfort with ambulation was noted; otherwise, "no changes noted". The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg #30 is not medically necessary.