

Case Number:	CM15-0206146		
Date Assigned:	10/23/2015	Date of Injury:	05/06/2013
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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, North Carolina
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 62 year old male, who sustained an industrial injury on 5-6-2013. Diagnoses include chronic low back and bilateral leg symptoms, low back strain, and possible lumbar stenosis. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injection. On 9-10-15, he complained of no change in the chronic low back pain. The records documented Naproxen Delayed Release 600mg and Omeprazole 20mg twice a day had been prescribed since at least May 2015. The physical examination documented lumbar tenderness with muscle spasms. The appeal requested authorization for Omeprazole 20mg #60 with two (2) refills. The Utilization Review dated 10-6-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator 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), Chapter Pain, Proton pump inhibitors (PPIs).

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

Decision rationale: This is a patient with chronic low back pain. The request is for a proton pump inhibitor (PPI), Omeprazole 20 mg #60 with 2 refills. There is documentation of the NSAID Naproxen being taken, but no reports of dyspepsia or GI adverse events secondary to Naproxen. There is also no documentation of GI risk factors requiring a PPI, such as age greater than 65 years, history of PUD, GI hemorrhage or perforation, concomitant use of ASA, corticosteroids or anticoagulants or high dose/multiple NSAIDs. The patient has been on long-term PPI therapy with no documented rationale since May, 2015. Long-term use of PPIs is associated with an increased risk of hip fracture. There is also no rationale for refills since an interval evaluation should be performed to determine the necessity of continuing the medication. Therefore, this request is not medically necessary.