

Case Number:	CM15-0033962		
Date Assigned:	02/27/2015	Date of Injury:	02/12/2003
Decision Date:	04/10/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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: Georgia, California, Texas
 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 57-year-old male who sustained an industrial injury on 02/12/2003. Current diagnoses include chronic and persistent low back pain, status post L4-S1 interbody fusion on 02/17/2006, ninth rib fracture, hypertension, headaches, bilateral carpal tunnel syndrome, and severe depression. Previous treatments included medication management, lumbar fusion, and aquatic therapy. Report dated 02/10/2015 noted that the injured worker presented for follow-up indicating there has been no changes from the previous visit, except for constipation secondary to use medications. Pain level was rated as 5 out of 10 on the visual analog scale. Physical examination was positive for abnormal findings. The physician noted that the injured worker has a history of gastric ulcer. Kadian, Percocet, Lyrica, omeprazole, and Laxacin. Utilization review performed on 01/23/2015 non-certified a prescription for omeprazole, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg one po bid #60 with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: This decision addresses medical necessity only. MTUS recommends use of proton pump inhibitors such as omeprazole as gastroprotective agents for patients receiving oral NSAIDs. MTUS is otherwise silent concerning this class of medications. No oral NSAID use is documented in this case. However, due to documented ongoing symptoms of GERD in this patient with history of gastric ulceration, the requested omeprazole is medically necessary.