MAXIMUS Federal Services

Case Number:	CM15-0048388		
Date Assigned:	03/20/2015	Date of Injury:	05/24/2013
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey
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 54-year-old male who sustained an industrial injury on 05/24/2013. Current diagnoses include chronic low back pain, subjective radiculopathy, and mild discogenic changes at L5-S1 confirmed by MRI. Previous treatments included medication management, physical therapy, epidural injection, and home exercise program. Diagnostic studies included x-rays of the low back, MRI of the lumbar spine, and functional capacity evaluation.Initial complaints included a sharp pain in the left side of his arm with a pulling sensation in his low back. Report dated 01/30/2015 noted that the injured worker presented with complaints that included severe pain in the lumbar spine radiating to the buttocks, hips, bilateral legs, bilateral feet, mid to upper back and neck, associated with headaches, numbness, tingling, cramping, burning, throbbing, electrical sensation, stabbing, aching, dull and sharp pains, along with popping and stiffness. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Recommendations include maintain medications, and if stomach irritation occurs with non-steroidal anti-inflammatory drugs then he will need a proton pump inhibitor, and follow up in three months. Requested treatment included omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs & GI symptoms Page(s): 68.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insignificant evidence to suggest he warranted a recommendation for a chronic PPI. There was no evidence found in the notes to show any history suggestive of an elevated risk for gastrointestinal events. Therefore, the omeprazole is not medically necessary.