

Case Number:	CM15-0050958		
Date Assigned:	03/24/2015	Date of Injury:	04/19/2012
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 33 year old male who sustained an industrial injury on 04/19/2012. Diagnoses include lumbar sprain/strain, lumbosacral or thoracic neuritis or radiculitis, cervical sprain/strain, and status-post lumbar surgery. Treatment to date has included surgery, medications, heat therapy, TENS Unit, and home exercise program. A physician progress note dated 03/03/2015 documents the injured worker complains of upper and lower back pain that is increased, and a burning sensation and sensitivity with increased numbness in her left lower extremity. Medications were refilled-Naproxen for pain control, Cyclobenzaprine for muscle relaxation for cervical and lumber spasms, and Gabapentin for lumbar radiculopathy, and Omeprazole for gastrointestinal protection. He is to continue with home exercise program, use of heat and TENS Unit. Treatment requested is for Retrospective request for one (1) prescription of Omeprazole 20mg #60 (DOS: 3/3/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) prescription of Omeprazole 20mg #60 (DOS: 3/3/15):
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2012. The medical course has included an MRI and use of several medications including NSAIDs. Omeprazole (prilosec) is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. The request is not medically necessary.