

Case Number:	CM15-0052708		
Date Assigned:	03/26/2015	Date of Injury:	10/24/2011
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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, West Virginia, Pennsylvania
 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 55 year old female, who sustained an industrial injury on 10/24/11. She reported pain from neck to low back. The injured worker was diagnosed as having grade I anterolisthesis L3-4, (HNP) herniated nucleus pulposus of lumbar spine, cervical spine and thoracic spine; right knee chondromalacia of patella and right knee mild degenerative joint disease. Treatment to date has included acupuncture, chiropractic therapy, oral medications, physical therapy, home exercise program and topical medications. Currently, the injured worker complains of neck and low back pain with radiation down right arm. Upon physical exam tenderness is noted to palpation of the cervical and lumbar paraspinals with decreased range of motion and painful patellofemoral crepitus with motion, swelling and tenderness to palpation over the medial and lateral joint lines of right knee. The treatment plan consisted of home exercise program and request for authorization for: LidoPro topical ointment, Omeprazole and Nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60, 2 refills for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: Guidelines state that PPI therapy is indicated if the patient is at risk for gi events (age over 65 yr, history of peptic ulcer, concurrent use of aspirin/steroids, or high dose NSAIDs). In this case, the patient is not over 65yr and has no significant increased risk for gi events. The request for omeprazole is not medically necessary and appropriate.