

Case Number:	CM15-0055240		
Date Assigned:	03/30/2015	Date of Injury:	10/24/2006
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male who sustained a work related injury October 24, 2006. According to a primary treating physician's progress report, dated February 26, 2015, the injured worker presented with chronic low back pain, rated 4/10, with occasional radiation to his left leg. He uses Vicodin as needed with a 50% reduction in pain. There is tenderness to palpation of the lumbar paraspinal muscles. Diagnoses are lumbar discogenic syndrome; lumbar or thoracic neuritis or radiculitis unspecified; chronic pain; myofascial pain; and obesity. Treatment plan included requests for authorization for medications and to continue the home exercise program (HEP), TENS unit and stationary bike, and signed a new controlled substance contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

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

Decision rationale: The patient presents with low back pain radiating to left lower extremity rated at 4/10. The request is for retro omeprazole 20MG #60. The request for authorization is dated 02/26/15. Patient's medication helps control his pain, remain functional and work full time. No aberrant behavior is noted, no side effects of medications, no constipation, and pain is decreased greater than 50%. Patient is to continue with medications, home exercise program, TENS unit and stationary bike. Patient's medications include Zoloft, Vicodin and Omeprazole. CURES and no suspicious activity noted, 01/15/15. Patient signed new controlled substance contract, 02/26/15. The patient is working full-time. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. The patient is prescribed Omeprazole since at least 01/11/14. In this case, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not indicate how the patient is doing, what gastric complaints there are, and why he needs to continue. And finally, the patient is not even taking any oral NSAIDs. Therefore, the request IS NOT medically necessary.