

Case Number:	CM15-0059218		
Date Assigned:	04/03/2015	Date of Injury:	12/07/2004
Decision Date:	05/13/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: Pennsylvania, Ohio, 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 53 year old male, who sustained an industrial injury on 12/7/04. He has reported back injury after repetitive lifting. The diagnoses have included chronic low back pain and lumbar strain with bilateral radiculitis. Treatment to date has included medications, diagnostics, Transcutaneous Electrical Nerve Stimulation (TENS) and Home Exercise Program (HEP). Currently, as per the physician progress note dated 12/26/14, the injured worker complains of low back pain with radiation to the bilateral lower extremities and red blood streaked stools with constipation. It was noted that he has a history of lumbar spine discomfort and rates the pain 6/10 on pain scale which decreases with use of Norco to 3/10. He states that his Transcutaneous Electrical Nerve Stimulation (TENS) unit was not working and he has no further supplies and that it was beneficial and he would like a new unit. Physical exam of the lumbar spine revealed muscle spasm, tenderness, decreased range of motion and positive straight leg raise on the right causing pain. The gait was slow with flexed forward posture. The physician recommendations were a back brace a she continues to work, Norco for intense pain, Ibuprofen for pain/inflammation, new Transcutaneous Electrical Nerve Stimulation (TENS) and Omeprazole. The physician requested treatments included Omeprazole 20mg #60 and 1 labs: RFT and LFT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the patient previously was prescribed NSAIDs though these were non-certified by physician review in January 2015. The request is not medically necessary.

1 labs: RFT and LFT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/Adverse Effects Page(s): 70.

Decision rationale: MTUS recommends renal and liver function testing for patients being treated with ongoing NSAID use. In this case NSAID use was non-certified by physician review in January 2015. A rationale for subsequent liver or renal function testing is not apparent from the records or guidelines. The request is not medically necessary.