

Case Number:	CM15-0081289		
Date Assigned:	05/04/2015	Date of Injury:	10/16/2013
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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: Preventive Medicine, Occupational 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 36 year old female who sustained an industrial injury on 10/16/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, right knee arthralgia, and right sacroiliac joint dysfunction. Treatments to date have included chiropractic treatments, home exercise program, activity modification and oral pain medication. Currently, the injured worker complains of pain in the right lower back with radiation to the right buttocks. The plan of care was for medication prescriptions and a follow up appointment at a later date. It is documented that she developed burning stomach pain from NSAID use and may have gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20mg, everyday, provided on date of service:

03/25/15: Overturned

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

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

Decision rationale: MTUS Guidelines support the use of PPI's if there are GI symptoms associated with NSAIDs/medications. It is documented that she developed persistent gastric burning after NSAID use. Possible gastritis has been diagnosed. Under these circumstances the use of Omeprazole is Guideline supported until at least a definitive diagnosis is established. The retrospective request for Omeprazole 20mg, everyday, provided on date of service: 03/25/15 is medically necessary.