

Case Number:	CM15-0085447		
Date Assigned:	05/08/2015	Date of Injury:	02/23/2009
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 46 year old, male who sustained a work related injury on 2/23/09. He tripped and strained his back. The diagnoses have included lumbar degenerative disc disease, lumbar sprain/strain, clinical lumbar radiculopathy and hemangioma of the lumbar spine. The treatments have included oral medications, topical creams, physical therapy, lumbar epidural steroid injections and chiropractic treatments. In the PR-2 dated 4/1/15, the injured worker complains of pain. He rates his pain level a 5/10. He states he has improved activities of daily living and about eight hours of pain relief with pain medication. He states he is taking medication for "gastric protection." He has some restricted range of motion in low back. The treatment plan includes a prescription refill of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. In this case, the patient doesn't have any high risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.