

Case Number:	CM15-0089043		
Date Assigned:	05/13/2015	Date of Injury:	11/22/2002
Decision Date:	06/12/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/08/2015

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, California
 Certification(s)/Specialty: Family Practice

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 51-year-old female, with a reported date of injury of 11/22/2002. The diagnoses include lumbar disc displacement, chronic, severe low back pain, multi-level disc disease, multilevel lumbar degenerative disc disease, and lumbar degenerative joint disease. Treatments to date have included oral medications, including an opioid; and physical therapy. The progress report dated 04/17/2015 indicates that the injured worker presented for a follow-up evaluation of back pain, low back pain, and lumbar complaints. She was experiencing back stiffness. The severity of the condition was rated 2 out of 10. She continued to note substantial benefit of the medications. The objective findings include no gastrointestinal (GI) symptoms, abdominal cramps, or abdominal pain; minimal tenderness in the lumbar sacral area of the spine; normal strength of both lower extremities; intact sensation to both lower extremities; pain to palpation over the L4-5 and L5-S1 facet capsules and spinous processes bilaterally; and pain with range of motion of the lumbar spine. The treating physician requested Omeprazole 20mg #30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 3 refills: 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 PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole with 3 additional refills is not medically necessary.