

Case Number:	CM15-0089576		
Date Assigned:	05/13/2015	Date of Injury:	06/09/2005
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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, Pain Management

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 70-year-old male, who sustained an industrial injury on 06/09/2005. He has reported injury to the low back. The diagnoses have included lumbar/lumbosacral disc degeneration; status post burst fracture L1; and status post posterolateral fusion T12 to L3, with chronic pain. Treatment to date has included medications, diagnostics, physical therapy, chiropractic sessions, and surgical intervention. Medications have included Vicodin and Omeprazole. A progress note from the treating physician, dated 04/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; medications helped quite a bit, allowing him to do activities of daily living and home exercise program; and pain is approximately 50% diminished with medications. Objective findings included dorsolumbar spine shows six-inch healed incision T8 through L4 with no guarding; no spasms; negative straight leg raise; and decreased lumbar range of motion. The treatment plan has included the request for Omeprazole 20 mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitor (PPI) NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is no documentation of ongoing NSAID usage. While the only risk factor noted in this patient is age, the fact that NSAIDs do not appear to be currently used makes it unclear as to why a PPI is warranted in this case. There does not appear to be any indication of a history of gastrointestinal ulcer or bleeding. Given this, this request is not medically necessary.