

Case Number:	CM14-0112722		
Date Assigned:	08/01/2014	Date of Injury:	02/26/2007
Decision Date:	10/08/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old gentleman who was reportedly injured on February 26, 2007. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated March 22, 2014, indicated that there were ongoing complaints of low back pain with occasional radiation to the left greater than right lower extremity. Current medications are stated to help reduce the injured employee's pain by 40% to 50% and improve his ability to perform activities of daily living. The physical examination demonstrated decreased lumbar spine range of motion and diffuse tenderness across the lumbar spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes the use of a transcutaneous electrical nerve stimulation unit and oral medications. A request was made for omeprazole and was not certified in the pre-authorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. According to the progress note, dated March 22, 2014, there is no indication of a gastrointestinal disorder nor is there stated to be a significant risk factor for potential gastrointestinal complications. Additionally, omeprazole was not prescribed on this date. Therefore, this request for omeprazole is not medically necessary.