

Case Number:	CM14-0134866		
Date Assigned:	08/27/2014	Date of Injury:	05/11/2012
Decision Date:	09/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/21/2014

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 Pain Medicine and is licensed to practice in California. 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 46 year old male who reported an injury on 05/11/2012 with unknown mechanism of injury. The injured worker was diagnosed with cervical strain, lumbar disc bulge, and lumbar degenerative disc disease. The injured worker was treated with medications, chiropractic therapy, and home exercise program. The injured worker had an official MRI of the lumbar spine on 02/25/2014. The clinical note dated 08/07/2014 noted the injured worker complained of neck and low back pain rated 5-10/10. The injured worker denied bowel and bladder dysfunction. The injured worker had low back pain with radiation to both legs and feet. The injured worker was prescribed omeprazole 20 mg twice a day for gastric protection, baclofen 20 mg three times a day, Norco 5/325mg one daily as needed for flare-ups, and ibuprofen 800 mg three times a day. The treatment plan was for 50 tablets of omeprazole 20 mg. The rationale for the request was for gastric protection. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

50 tablets of Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors (PPIs).

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

Decision rationale: The request for 50 tablets of Omeprazole 20 mg is not medically necessary. The injured worker is diagnosed with cervical strain, lumbar disc bulge, and lumbar degenerative disc disease. The injured worker denied bowel and bladder dysfunction. The injured worker is prescribed Omeprazole 20 mg twice a day for gastric protection, Baclofen 20 mg three times a day, Norco 5/325mg one daily as needed for flare-ups, and Ibuprofen 800 mg three times a day. The California MTUS recommend the use of proton pump inhibitors with the use of NSAIDs if the patient is at high risk for gastrointestinal events. The injured worker's medical records lack documentation of a history of peptic ulcer, GI bleeding or perforation. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms. There is a lack of documentation indicating the injured worker has significant improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for 50 tablets of Omeprazole 20 mg is not medically necessary.