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| Case Number: | CM14-0139055 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 09/25/2012 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Emergency Medicine and is licensed to practice in Texas. 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 34 year old male who reported an injury on 09/25/2012. The injured worker lost his balance and fell, landing on his back with a twisting motion. The injured worker had diagnoses including lumbar spine. Prior treatments included an epidural steroid injection. Surgical history was not provided in the medical records. Diagnostic studies included an MRI of the lumbar and an x-ray of the lumbosacral spine. The injured worker complained of intermittent mild to moderate back pain associate with bending and twisting. The injured worker complained of frequent moderate to severe low back pain associated with lifting, bending and stooping. A urine drug screen was performed on 06/12/2014 which was consistent with the injured worker's prescribed medication regimen. The clinical note dated 07/21/2014 reported the injured worker had decreased range of motion in the lumbar spine. Medications included Norco, Tramadol and Motrin. The treatment plan included a request for Omeprazole 20mg #90. The rationale for the request Omeprazole 20mg #90 to increase functional improvement with the medication. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-97, 22, 67-70, 68-69.

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

Decision rationale: The request for Omeprazole 20mg #90 is not medically necessary. The injured worker complained of intermittent mild to moderate back pain associate with bending and twisting and frequent moderate to severe low back pain associated with lifting, bending and stooping. The California MTUS guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. The injured worker is prescribed an NSAID medication; however, there is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. There is a lack of documentation indicating the injured worker has significant objective frequency and functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.