

Case Number:	CM14-0140665		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2012
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 34-year-old male who reported an injury on 02/01/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar degenerative disc disease, lumbar sprain/strain, lumbar spondylosis without myelopathy, sacroiliac ligament sprain/strain, plantar fasciitis, and osteoarthritis of the lower leg. Past medical treatment consists of chiropractic therapy, physical therapy, the use of a TENS unit, lumbar epidural steroid injections, and medication therapy. Medications include Tylenol, omeprazole, and cyclobenzaprine. The injured worker underwent an MRI of the left foot. On 08/12/2014, the injured worker complained of low back pain. Physical examination revealed that the injured worker had tenderness to palpation of the lumbar spine. There was decreased sensation to light touch at the L5-S1 on the left, with no motor deficit. The treatment plan is for the injured worker to continue the use of omeprazole. The rationale and Request for Authorization form 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:

Omeprazole 20mg BID, QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec (omeprazole)GI symptoms & cardiovascular risk Page(s): 68..

Decision rationale: The request for Omeprazole 20 mg BID, QTY 120 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The Guidelines also state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. It was noted in the submitted documentation that the injured worker was taking Tylenol 500 mg. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based Guidelines. Additionally, the submitted report did not indicate the efficacy of the medication. Given the above, the injured worker is not within the MTUS recommended Guidelines. As such, the request for Omeprazole 20 mg BID, QTY 120 is not medically necessary.