

Case Number:	CM14-0141435		
Date Assigned:	09/10/2014	Date of Injury:	06/07/2010
Decision Date:	11/13/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Interventional Spine 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 patient is a 64-year-old female with a date of injury of 06/07/2010. The listed diagnosis per [REDACTED] is status post three-level lumbar fusion, L3 to S1 in 2004. According to progress report 06/28/2014, the patient presents with a flare-up of her low back pain which she rates as 7-8/10 on a pain scale. Examination revealed moderate tenderness and spasm noted. Range of motion of the lumbar spine is decreased on all planes. The patient is totally temporarily disabled until 09/02/2014. The patient's medication regimen includes Tramadol, Motrin, and Omeprazole. This is a request for refill of Omeprazole 20 mg #30, which was denied by utilization review on 08/05/2014. Treatment reports from 2/03/2014 through 06/28/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Overturned

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

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

Decision rationale: This patient presents with flare-up of low back pain which radiates into both buttocks and bilateral legs. Treating physician is requesting a refill of omeprazole 20 mg. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking Motrin since at least 02/03/2014. On 04/14/2014, treating physician noted that patient has some complaints of irritation with Motrin. She was noted to be occasionally utilizing Pepcid, but continues with stomach pain. In this case, the patient has been taking NSAID on a long term basis and the patient reports some gastrointestinal symptomatology. Given such, the request is medically necessary.