

Case Number:	CM14-0091844		
Date Assigned:	07/25/2014	Date of Injury:	06/15/1999
Decision Date:	09/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 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:

This 55 year-old patient sustained a repetitive motion injury on 6/15/1999 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20mg #60 with 2 refills. Report of 11/15/13 from the provider noted the patient with low back pain radiating to left rated at 8-9/10 severe and constant. Medications provide improvement and list Suboxone, Cymbalta, Skelaxin, and Neurontin. Exam showed normal gait; normal posture; lumbar spine with tenderness, muscle spasm, motor strength, and trigger points over middle paraspinal. Diagnoses include Post laminectomy syndrome; Opioid type dependence; and pain disorders related to psychological factors. Report of 5/22/14 from the provider noted the patient with unchanged symptom complaints of left sided low back pain radiating to left lower extremity rated at 5-8/10. Medication list remained unchanged. Exam showed unchanged normal gait/posture; neurological exam noted normal affect; alert and oriented with intact memory. Treatment included medication refills. The request(s) for Omeprazole 20mg #60 with 2 refills was not medically necessary on 5/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Drug manufacturer, AstraZeneca Pharmaceuticals.

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

Decision rationale: Request(s) under consideration include Omeprazole 20mg #60 with 2 refills. The patient is s/p right shoulder arthroscopic SAD, clavicle resection in January 2000; left knee arthroscopic debridement in May 2000; second left knee arthroscopic debridement in January 2001; intradiscal electrothermal therapy L5-S1 in January 2003; L5-S1 discectomy and fusion in August 2003; Functional Restoration Program in 2009; and psychotherapy. The request(s) for Omeprazole 20mg #60 with 2 refills was not medically necessary on 5/30/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg #60 with 2 refills is not medically necessary and appropriate.