

Case Number:	CM14-0093419		
Date Assigned:	07/25/2014	Date of Injury:	08/02/2002
Decision Date:	09/22/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/19/2014

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 Texas and Oklahoma. 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 67 year-old male who reported a work related injury on 08/02/2002 due to pushing in a "door press". The diagnoses consisted of chronic low back pain, cumulative trauma, superimposed degenerative joint disease, and an abdominal umbilical hernia that is postoperative and recovered. The past treatment had included medications and physical therapy for the same type of injury in 1999. In the progress report dated 04/24/2014, it was noted that the injured worker had experienced pain that seems to be radiating down into his butt into the posterior portion of the thighs down to the knees. The pain was noted to be worse when bending, stooping, or kneeling and has gotten progressively worse over the last three months and was affecting a larger area than it had prior. The objective findings revealed extreme guarding and tenderness upon palpation of the lumbosacral region. Medications listed on 04/24/2014, noted that the injured worker had been taking 550 mg of Naproxen, 150 mg of tramadol, 7.5 mg of cyclobenzaprine. The treatment plan was omeprazole 20 mg, #60, the rationale for the request was for increased risk for GI disorders or bleeds, and reflux symptoms. The request for authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for omeprazole 20mg #60 is not medically necessary. The California MTUS Guidelines state that Proton Pump Inhibitors may be recommended for patients who are taking NSAIDs and are at increased risk for gastrointestinal complications or for those with complaints of dyspepsia related to NSAID use. With the documentation provided for review, the injured worker was noted to be using 550 mg of Naproxen, but there is no mention of ongoing gastrointestinal complaints or significant risk factors for gastrointestinal events. Therefore, this medication request for omeprazole 20mg #60 is not medically necessary. Documentation of ongoing gastrointestinal complaints with non-steroidal anti-inflammatory drug use would have to be provided to consider the use of omeprazole. Additionally, the frequency was not noted with the request. Based on the above, this request is not medically necessary.