

Case Number:	CM14-0199128		
Date Assigned:	12/09/2014	Date of Injury:	11/19/2012
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehabilitation and is licensed to practice in Maryland. 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 55 year old male with a work injury dated 11/19/12. The diagnoses include lumbosacral strain with disc bulge at L4-5 and left L5 radiculopathy. Under consideration are requests for Omeprazole OR 20mg capsule/Prilosec, take 1 capsule once a day, #60. A supplemental report dated 10/09/14 states that there was a denial of an epidural. The patient remains on temporary total disability. He continues with back and left leg radiating pain. There were 2+ paraspinous muscle spasm and tenderness. The left extensor hallucis longus showed weakness at 5/5; the straight leg raise was positive on the left at 60 degrees. Sensation was decreased to light touch and pinprick in the left L5 dermatome. A lumbar epidural steroid injection was recommended; His medications were refilled which included Naprosyn, Prilosec, Flexeril, and Tramadol. An office visit dated 8/08/14 noticed no changes. The medications included Naproxen BID, Omeprazole BID, Tramadol and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole OR 20mg capsule/Prilosec, take 1 capsule once a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gi symptoms & cardiovascular risk Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk Page(s).

Decision rationale: Omeprazole OR 20mg capsule/Prilosec, take 1 capsule once a day, #60 is not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAID for an extended period without evidence of functional improvement and with persistent pain therefore the request for Omeprazole OR 20mg capsule/Prilosec, take 1 capsule once a day, #60 is not medically necessary.