

Case Number:	CM14-0095040		
Date Assigned:	09/15/2014	Date of Injury:	07/17/2003
Decision Date:	04/17/2015	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on July 17, 2003. She has reported a back injury. The diagnoses have included lumbago. Treatment to date has included medications, and surgery, physical therapy, acupuncture, massage, heat applications, and chiropractic treatment. Currently, the IW complains of continued back pain with radiation into the legs. She rates her pain as 5/10. Physical findings reveal a scar on the lumbar region, negative bilateral straight leg raise test, decreased lumbar range of motion, tenderness over the sacroiliac joint, and positive Gaenslen's, Gillet's, and Faber's testing. On May 31, 2014, Utilization Review non-certified Omeprazole 20mg #60. The Chronic Pain Medical Treatment guidelines were cited. On June 5, 2014, the injured worker submitted an application for IMR for review of one prescription for Omeprazole 20mg #60.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Based on the 02/13/15 progress report provided by treating physician, the patient presents with low back pain. The request is for OMEPRAZOLE 20MG #60. Patient is status post lumbar fusion L5-S1 in 2005, and post fusion right SI joint dysfunction, date unspecified. Patient's diagnosis on 02/13/15 included degenerative disc disease of the lumbar spine. Patient's medications per treater report dated 02/13/15 included Pamelor, Norflex, Lidopro cream and Iron supplements. Treatment to date has included medications, and surgery, physical therapy, acupuncture, massage, heat applications, and chiropractic treatment. Patient's work status is not available. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole and NSAIDs have been prescribed in treater reports dated 09/26/14, 11/17/14, and 01/12/15 (post UR date of 05/31/14). Treater has not provided reason for the request, and RFA has not been provided. Prophylactic use of PPI is indicated by MTUS. However, there is no discussion of how the patient is doing with the PPI, and with what efficacy. Treater states in progress report dated 09/26/14, that "the patient wishes to discontinue Naproxen and Prilosec as her pain has improved." Furthermore, per progress report dated 02/13/15, treater states "we are avoiding NSAIDs due to history of anemia." Moreover, the patient is no longer on NSAID therapy, to warrant prophylactic use of Omeprazole, based on guidelines. Therefore, the request IS NOT medically necessary.