

Case Number:	CM15-0011177		
Date Assigned:	04/16/2015	Date of Injury:	12/20/2000
Decision Date:	05/11/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 56 year old male, who sustained an industrial injury on December 20, 2000. The injured worker had reported low back pain. The diagnoses have included lumbar spinal stenosis, lumbar degenerative disc disease, backache unspecified, opioid type dependence unspecified and post-laminectomy syndrome lumbar region. Treatment to date has included medications, radiological studies, physical therapy and a lumbar laminectomy. Current documentation dated December 5, 2014 notes that the injured worker reported constant chronic low back pain with radiation to the bilateral lower extremities. Physical examination of the lumbar spine revealed tenderness of the paravertebral regions and a painful and restricted range of motion. A straight leg raise test was positive bilaterally. Sensation was noted to be decreased in the lumbar five-sacral one distribution. The treating physician's plan of care included a request for the medication Omeprazole 20 mg #28.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #28 DOS: 12/5/2014: Upheld

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

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

Decision rationale: Retrospective Omeprazole 20mg #28 DOS: 12/5/2014 is not medically necessary per the 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 documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the retrospective request for Omeprazole 20 mg #28 DOS 12/5/14 is not medically necessary.