

Case Number:	CM15-0013633		
Date Assigned:	02/13/2015	Date of Injury:	10/23/2004
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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: Massachusetts

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

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 59 year old male, who sustained an industrial injury on October 23, 2004. He has reported chronic low back pain. The diagnoses have included lumbago. Treatment to date has included home exercise program, medications, and electrodiagnostic studies. Currently, the IW complains of low back pain with occasional radiation to the legs. He reports difficulty with his home exercise program out of fear of pain. Physical findings included lumbar spine tenderness with limited range of motion. The records indicate an electrodiagnostic study completed in 2007 revealed L5 radiculopathy. On December 24, 2014, Utilization Review non-certified Omeprazole 20mg, quantity #30 with 3 refills. The request for Tramadol 50mg, quantity #40 with 3 refills, and functional restoration program evaluation were delay/conditionally non-certified, for additional information requested regarding quantitative functional benefits. On January 20, 2015, the injured worker submitted an application for IMR for review of Omeprazole 20mg, quantity #30 with 3 refills, and Tramadol 50mg, quantity #40 with 3 refills, and functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Omeprazole 20mg #30 with 3 refills: Overturned

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): 68-73.

Decision rationale: The claimant sustained a work-related injury more than 10 years ago. He continues to be treated for chronic pain. Medications include Celebrex and the requesting provider documents occasional gastrointestinal upset related to this medication. The claimant has a history of gastrointestinal upset and ongoing medications include Celebrex. Guidelines recommend consideration of a proton pump inhibitor such as omeprazole for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Celebrex at the recommended dose and has a history of gastrointestinal upset. Therefore the requested omeprazole was medically necessary.