

Case Number:	CM15-0013893		
Date Assigned:	02/02/2015	Date of Injury:	07/11/2014
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 53 year old male sustained an industrial injury on 7/11/14, with subsequent low back, right knee, right ankle and bilateral leg pain. Magnetic resonance imaging lumbar spine (12/1/14) showed disc protrusion at L2-L3, L5-S1 and L4-L5. EMG/NCV bilateral lower extremities (10/27/14) showed peripheral neuropathy of bilateral plantar motor nerves. In a PR-2 dated 12/8/14, the injured worker complained of low back pain associated with bilateral leg pain. No physical assessment was documented. Current diagnoses included cervical spine radiculopathy of right lower extremity and pain related anxiety and depression. The treatment plan included physical therapy, urine toxicology screening, obtaining a pain management consultation and refilling medications (Omeprazole and Tramadol). On 12/15/14, Utilization Review noncertified a request for Omeprazole 20mg #90, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20mg one every morning #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are lumbosacral radiculopathy right lower extremity; herniated disc; and anxiety, depression pain related. The documentation indicates Prilosec was prescribed August 27, 2014. The documentation does not contain risk factors associated with nonsteroidal anti-inflammatory drugs and gastrointestinal events. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin, etc. Consequently, absent clinical documentation and risk factors for gastrointestinal events (supra), Omeprazole 20 mg one tablet every morning #30 is not medically necessary.