

Case Number:	CM15-0111997		
Date Assigned:	06/18/2015	Date of Injury:	05/28/2013
Decision Date:	07/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, 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 63 year old female, who sustained an industrial injury on May 28, 2013. The injured worker reported a sharp pain in her low back. Treatment to date has included lumbar epidural steroid injection, acupuncture, antidepressants, opioid medications, MRI of the lumbar spine and physical therapy. Her past medical history includes diabetes, hyperlipidemia, hypertension, and chest pain. The documentation reveals the injured worker has a history of gastritis related to NSAID use. Currently, the injured worker's complains of moderate to severe low back pain. She notes that she has increased pain with prolonged walking, standing, bending and lifting. She indicates that she does get functional improvement and pain relief with her medications. On physical examination, the injured worker has an antalgic gait and ambulates with a cane. She has tenderness to palpation and muscle spasm over the paralumbar musculature and tenderness to palpation over the posterior iliac spine region. Her motor testing is within normal limits in the bilateral lower extremities. She has negative straight leg raise tests bilaterally and her neurovascular status is intact. The diagnoses associated with the request include chronic intractable low back pain, neural foraminal stenosis, herniated disc of the lumbar spine, degenerative disc disease of the lumbar spine, radicular pain of the bilateral lower extremities and left knee degenerative joint disease. The treatment plan includes diclofenac, omeprazole to reduce NSAID gastritis, cyclobenzaprine for muscle spasms and follow-up evaluation.

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 Page(s): 22, 46, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg, #60 prescription is not medically necessary.