

Case Number:	CM15-0116156		
Date Assigned:	06/24/2015	Date of Injury:	02/24/2013
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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 49 year old male who sustained an industrial injury on 02/24/2013. Mechanism of injury was not documented. Diagnoses include lumbar disc herniation L3-4 and more significantly at L4-5, and radiculopathy of the bilateral lower extremities/neuropathic pain- L5 nerve root distribution. Treatment to date has included diagnostic studies, and medications. A physician progress note dated 05/26/2015 documents the injured worker continues to complain of severe pain in his lower back with worsening numbness and radicular pain down his right lower extremity. His pain is now constant and with shooting pain. It is sharp in nature. He gets some relief with lying down and with medications. He is awaiting lumbar spine surgery. On examination he has tenderness to palpation, and muscle spasming in the paralumbar musculature. Lumbar range of motion is restricted and painful. He has positive Straight leg raise in both lower extremities. There is diminished sensation in the L4-5 nerve root distributions. The treatment plan included reordering Diclofenac and Wellbutrin, and a follow up visit in one month. Treatment requested is for retrospective Omeprazole 20mg #60 (DOS 5/26/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #60 (DOS 5/26/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in February 2013 and continues to be treated for moderate to severe low back pain. When seen, lumbar spine surgery was being planned. There was decreased and painful lumbar range of motion with tenderness and positive straight leg raising. There was decreased lower extremity sensation. Diclofenac XR was prescribed and omeprazole was prescribed for gastrointestinal prophylaxis. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. He is taking extended release diclofenac at the recommended dose. The ongoing prescribing of a proton pump inhibitor such as omeprazole was not medically necessary.