

Case Number:	CM15-0126656		
Date Assigned:	07/17/2015	Date of Injury:	12/16/2011
Decision Date:	08/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/01/2015

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 43-year-old male with an industrial injury dated 12/16/2011. His diagnoses included status post fluoroscopically guided bilateral lumbar 4-5 and bilateral lumbar 5-sacral 1 facet joint radio frequency nerve ablation, right lumbar facet joint pain lumbar 4-5 and lumbar 5-sacral 1, lumbar facet joint arthropathy, lumbar degenerative disc disease and right sacroiliitis. Prior treatments included medications and radiofrequency nerve ablation. He presented on 04/29/2015 with complaints of right low back pain. He was status post (04/16/2015) fluoroscopically guided bilateral lumbar 4-5 and bilateral lumbar 5-sacral 1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy.) Physical exam noted tenderness upon palpation of the right lumbar paraspinal muscles overlying the lumbar 4-5 and lumbar 5-sacral 1-facet joints. Muscle girth is symmetric in all limbs. Peripheral pulses were 2+ bilaterally with normal capillary filling. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion were positive on the right and negative on the left. Sacroiliac provocative maneuvers were positive on the right. Sensation was intact and muscle strength was normal. Current medications were Norco and Omeprazole. Prior medications were Naproxen and Tramadol. The treatment plan included to continue with current medications, Omeprazole and follow up. The treatment request is for Omeprazole 20 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 2 refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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 that the patient has GI issue that requires the use of prilosec. 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 #30 with 2 refills is not medically necessary.