

Case Number:	CM15-0172178		
Date Assigned:	09/14/2015	Date of Injury:	05/14/2013
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 37-year-old female who sustained an industrial injury on December 16, 2008. Diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, lumbar radiculitis, sciatica, lumbago, muscle spasm, spondylosis, and lumbar sprain. Documented treatment includes unspecified amounts of aqua therapy, physical therapy, occupational therapy, home exercise, chiropractic treatment, and massage therapy. Results of these treatments were stated to provide "minimal or temporary relief." Lumbar epidural steroid injections are stated to provide 80 percent improvement for four months; and, medications for pain and muscle spasm have included Gabapentin, Robaxin, Piroxicam, and MS Contin with some relief. Morphine was tried but produced unwanted side effects. The injured worker continues to report constant pain rated at 7 out of 10, and "burning" sensations radiating into the bilateral lower extremities, becoming worse with activity. July 30, 2015 physician's report notes that her lumbar flexion was limited to 45 degrees due to pain; extension limited to 15 degrees secondary to facet loading pain; and, her gait was antalgic which had been the same at her previous visit. She has not worked since March 27, 2014. The treating physician's plan of care includes Retro requests from August 14, 2015 for MS Contin 15 mg, Hysingla ER 30 mg, and Robaxin 705 mg, but these were denied August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg Capsule, #90 (DOS: 07/15/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant had acute blood loss anemia from prior surgery. The claimant was on Aspirin for DVT prophylaxis. The use of PPI to reduce risk of GI bleeding with numerous concurrent medications is medically necessary.