

Case Number:	CM15-0172676		
Date Assigned:	09/15/2015	Date of Injury:	05/23/2001
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
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: California, North Carolina
 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:

This is a 48 year old female with a date of injury on 5-23-2001. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc. According to the progress report dated 8-10-2015, the injured worker complained of increased pain in her lower back that spread into the left leg. She reported losing a significant amount of strength in her left leg. Per the treating physician (8-10-2015), the employee was retired. The physical exam (8-10-2015) revealed a painful gait. There were diffuse lower back spasms and tenderness to palpation along the lumbar spine. There was limited range of motion in the lumbar spine. Treatment has included physical therapy and medications. Norco and Nabumetone were refilled (8-10-2015). Omeprazole was refilled, which was noted to have helped prevent continued acid reflux due to chronic non-steroidal anti-inflammatory drug use. The original Utilization Review (UR) (8-21-2015) modified a request for Omeprazole 20mg #90 with three refills to Omeprazole 20mg #90 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Proton Pump Inhibitors (PPIs).

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

Decision rationale: CA MTUS Guidelines supports the use of proton pump inhibitors (PPI) such as Omeprazole to prevent GI side effects in patients taking chronic NSAIDs. In this case, the patient is taking Nabumetone (Relafen), and NSAID, however there are no documented risk factors for GI side effects, including age over 65, history of PUD, GI hemorrhage, or perforation; concomitant ASA, corticosteroids, anticoagulants; use of multiple of high dose NSAIDs. An August 10, 2015 reports states that the patient was taking Omeprazole which helped prevent acid reflux secondary to NSAID therapy. It is not clear if the patient reported GI upset due to NSAID use. Further clarification is needed regarding the GI side effects to justify the use of Omeprazole. In addition, no consideration appears to have been given to discontinuing the Nabumetone in favor of Acetaminophen to prevent GI upset symptoms. Based on the above findings and lack of documentation, the request is not medically necessary or appropriate.