

Case Number:	CM15-0173567		
Date Assigned:	09/15/2015	Date of Injury:	08/26/2003
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old male, who sustained an industrial injury on 8-26-2003. Diagnoses include disorder characterized by symptoms of depression, blood pressure elevated, chronic pain, lumbar post-laminectomy syndrome, lumbar disc displacement, lumbar-lumbosacral disc degeneration and lumbago. Treatment to date has included surgical intervention (L3-S1 fusion, 2003, hardware removal, 2006), medications, diagnostics, acupuncture, chiropractic, epidural steroid injections, heat treatment, massage, physical therapy and a spinal cord stimulator. Medications as of 7-28-2015 include Percocet, Norco, Belsomra, Omeprazole, Ambien, Trazodone, Dulcolax, and Lisinopril. Per the Primary Treating Physician's Progress Report dated 7-28-2015, the injured worker reported continuing lower back pain rated as 3 out of 10. Norco and Oxycodone have been helpful and allow him to stay active. Belsomra is helpful for lack of sleep. He reports that he is not getting as good coverage from his SCS as in the past. He presented for medication refills. Objective findings of the lumbar spine included tenderness to palpation over the right buttock, left buttock, right lumbosacral region, and left lumbosacral region. Straight leg raise was positive on the left and right at 75 degrees. On 8-04-2015, Utilization Review non-certified the request for Omeprazole 20mg #60.

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 Medical Treatment 2009.

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

Decision rationale: This claimant was injured in 2003 with depression, elevated blood pressure elevated, chronic pain, lumbar post-laminectomy syndrome, lumbar disc displacement, lumbar- lumbosacral disc degeneration and lumbago. As of July, there was still low back pain. There is an SCS. There is no mention of gastrointestinal issues. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. This request is not medically necessary.