

Case Number:	CM15-0066256		
Date Assigned:	04/14/2015	Date of Injury:	09/29/2009
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 38-year-old male, with a reported date of injury of 09/29/2009. The diagnoses include degeneration of lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, lumbosacral radiculopathy, and osteopenia. Treatments to date have included Hydrocodone, Cyclobenzaprine, Cymbalta, Omeprazole, physical therapy, a cane, an MRI of the lumbar spine, an x-ray of the lumbar spine, and lumbar laminectomy and decompression surgery. The progress report dated 03/03/2015 indicates that the injured worker complained of bilateral low back pain, with radiation to the left lower extremity. His present pain score was 6 out of 10 and his average pain score was 6-9 out of 10. The physical examination showed tenderness over the midline of the lumbar spine and spasm noted over the lower paraspinal; limited lumbar flexion and extension; trigger points not present; and positive left straight leg raise test. The treating physician requested Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg cap delayed release, take 1 cap every day by oral route as directed for 30 days qty 30 caps with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole-DR is a long-acting medication in the proton-pump inhibitor class. The MTUS Guidelines support the use of Omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. There was no report that the worker had any of the above conditions. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets (a thirty-day supply) of Omeprazole-DR 20mg taken orally one tablet once daily as directed with five refills is not medically necessary.