

Case Number:	CM15-0068379		
Date Assigned:	04/16/2015	Date of Injury:	11/05/2000
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on 11/5/2000. He reported injury from lifting packages. The injured worker was diagnosed as having lumbar sprain, failed back surgery syndrome, lumbar radiculopathy, lumbar stenosis and lumbar facet pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 2/18/2015, the injured worker complains of bilateral low back pain that radiated to the buttocks and posterior thighs and calves. The treating physician is requesting Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Proton Pump Inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #30 with five refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are failed back surgery syndrome; bilateral L5 radiculopathy with bilateral lower extremity weakness; lumbar post laminectomy syndrome; lumbar facet joint pain; and lumbar sprain/strain. The documentation does not contain a clinical indication or rationale for Omeprazole 20 mg. There are no gastrointestinal complaints or comorbid conditions documented in the medical record. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. The injured worker does not take non-steroidal anti-inflammatory drugs. The injured worker's medications are Norco, Robaxin and Prilosec (omeprazole). Consequently, absent clinical documentation with a clinical indication and rationale, absent risk factors and co-morbid conditions for gastrointestinal events, Omeprazole 20 mg #30 with five refills is not medically necessary.