

Case Number:	CM15-0069066		
Date Assigned:	04/16/2015	Date of Injury:	12/19/2013
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
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, 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:

The injured worker is a 21-year-old male, who sustained an industrial injury on 12/19/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral neuritis/radiculitis, sciatica, sacroiliac sprain and chronic pain syndrome. Lumbar MRI showed a lumbar 4-5 bulging disc. Treatment to date has included physical therapy and medication. In a progress note dated 3/4/2015, the injured worker complains of shooting pain in the back and down the left leg. 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 20 mg, sixty count, provided on March 4, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain chapter, PPI.

Decision rationale: The request is for omeprazole in a patient with chronic back pain. MTUS guidelines state that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for GI events with NSAID use. The documentation submitted last showed an NSAID (Motrin 600 mg) prescribed in January 2015. Subsequent visits have not included an NSAID in the list of medications. The ODG states that PPIs are prescribed for patients at risk of GI events. The MTUS states that GI risk factors include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids and/or anticoagulants, or a high dose/multiple NSAIDs. The patient is 21 years old, with no history of peptic ulcer, GI bleeding or perforation. There is no documentation of ASA, corticosteroid, or anticoagulant use. There is also no recent use of an NSAID found in the records. Thus, the patient has no risk factors and a PPI is not medically necessary.