

Case Number:	CM15-0069069		
Date Assigned:	04/16/2015	Date of Injury:	12/19/2013
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
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
 Certification(s)/Specialty: Emergency 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 was a 22 year old male, who sustained an industrial injury, December 19, 2013. The injured worker previously received the following treatments Norco, Omeprazole, physical therapy, Eszopiclone, Lunesta and Colace. The injured worker was diagnosed with lumbar spine neuritis or radiculopathy, sciatica, sacroiliac ligament sprain/strain and chronic pain syndrome. The injured worker described the pain as shooting, aching and throbbing. The Lunesta was discontinued. The injured worker rated the pain as 5 out of 10; 0 being no pain and 10 being the worse pain. The pain was aggravated by lifting, pulling and pushing. Associated symptoms were spasms, fatigue, swelling, weakness and activities of daily living. The physical exam decreased range of motion. The S1 joint compression test was positive. According to progress note of March 4, 2015, the injured workers chief complaint was shooting pain at the back and down the left leg. The treatment plan included a prescription for omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: The patient has a complex history of injury and subsequent chronic pain. Omeprazole is a medication in the category of a proton pump inhibitor. The MTUS guidelines state that a proton pump inhibitor is indicated when the patient is at intermediate or high risk for gastrointestinal symptoms. This patient would be classified as low risk. The risk level is determined by the following: (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). There is no documentation to indicate that he meets these criteria. As such, the request is deemed not medically necessary.