

Case Number:	CM15-0072230		
Date Assigned:	04/22/2015	Date of Injury:	04/14/2003
Decision Date:	05/20/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 73 year old male who sustained an industrial injury on 04/14/2003. Current diagnoses include herniated disc lumbosacral spine, lumbar radiculopathy, and lumbago. Previous treatments included medication management, physical therapy, and back surgery. Previous diagnostic studies include an EMG. Initial complaints included an onset of pain in the back when attempting to lift a box. Report from a different provider dated 03/25/2015 noted that the injured worker presented with complaints that included lumbar spine pain that radiates to the left side of hip. Pain level was 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included follow up in one month for re-evaluation, refilled medications, opioid agreement signed, request for pain management consultation and treatment, request for laboratory evaluations, and request for medical records. Disputed treatments include prospective use of omeprazole 40mg #30 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Omeprazole 40mg #30 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no current documentation from the requesting provider identifying that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.