

Case Number:	CM15-0073028		
Date Assigned:	04/23/2015	Date of Injury:	11/29/2006
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 52 year old male, who sustained an industrial injury on 11/29/2006. The current diagnoses are lumbar herniated nucleus pulposus and status post lumbar surgery. According to the progress report dated 3/23/2015, the injured worker complains of increased low back pain with radiation into the right lower extremity and tingling in the left lower extremity. The current medications are Hydrocodone, Lyrica, Omeprazole, Cyclobenzaprine, Gabapentin, Atorvastatin, Doxepin, Lisinopril, and Terazosin. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, electrodiagnostic testing, series of epidural steroid injections (most recent 3/2/2015), and surgical intervention. The plan of care includes prescription refills for Omeprazole, Lyrica, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary, proton pump inhibitors (PPIs).

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

Decision rationale: The patient is a 52 year old male with an injury on 11/29/2006. He continues to have low back pain despite surgery, physical therapy, opiates and epidural steroid injections. MTUS, Chronic Pain criteria for treatment with proton pump inhibitors include an age of 65 or greater, history of GI bleed, history of peptic ulcer disease or taking anticoagulants. The patient did not meet MTUS criteria and Omeprazole is not medically necessary for this patient.