

Case Number:	CM15-0077080		
Date Assigned:	04/28/2015	Date of Injury:	04/10/2012
Decision Date:	05/26/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/22/2015

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 52 year old male, who sustained an industrial injury on 4/10/2012. He reported injury working as a roofer. The injured worker was diagnosed as having cervical disc displacement, cervical stenosis, cervical pain, lumbar disc displacement, lumbar facet hypertrophy and rule out facet syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 2/25/2015, the injured worker complains of neck pain and back pain that radiates to the left lower extremity. 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 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal 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 nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are displacement cervical intervertebral disc without myelopathy; spinal stenosis cervical; cervical pain; cervical stenosis; lumbar disc displacement; lumbar facet hypertrophy; lumbar pain; annular tear lumbar spine; displacement lumbar IVD without myelopathy; other unspecified disc disorders lumbar region. Documentation prior to a February 25, 2015 progress note does not contain evidence of Omeprazole 20 mg. According to the progress note dated February 25, 2015, injured worker was started on Omeprazole 20 mg at that visit. Additional medications include compound creams and Norco (for renewal). There are no nonsteroidal anti-inflammatory drugs prescribed to the injured worker. There are no comorbid conditions, risk factors or past medical history documented in the medical record placing the injured worker at risk for gastrointestinal events. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Consequently, absent clinical documentation with a specific clinical indication and rationale for Omeprazole, risk factors or comorbid conditions, Omeprazole 20 mg #60 is not medically necessary.