

Case Number:	CM15-0096467		
Date Assigned:	05/26/2015	Date of Injury:	02/11/2009
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 71 year old female, who sustained an industrial injury on 2/11/09. She reported initial complaints of head, left hip and back. The injured worker was diagnosed as having pain in joint of pelvic region and thigh; thoracic or lumbosacral neuritis or radiculitis NOS; lumbar sprains/strains; sacroiliitis NEC; depressive disorder NOS. Treatment to date has included acupuncture; physical therapy; cognitive behavioral therapy sessions; medications. Diagnostics included MRI lumbar spine. Currently, the PR-2 notes dated 3/27/15 indicated the injured worker complains of lower back pain and left hip pain. She rates her pain as 7/10 and characterized as aching and sharp radiating to the left leg. She states medications are helping and she tolerates the medications well. She shows no signs of medications dependency and takes them as prescribed. The quality of her sleep remains poor and pain levels have remained unchanged since her last visit. She is currently taking Ketoprofen, Omeprazole DR, Terocin Patch and Cymbalta. On physical examination her lumbar spine range of motion is restricted with flexion limited to 40 degrees and extension to 5 degrees due to pain. Palpation of the paravertebral muscles notes tenderness on both sides. Spinous process tenderness is notes on L3, L5, and L5. Her straight leg raising test is positive on the left side at 90 degrees and in sitting position. Neurologic testing indicates motor testing is limited by pain. Power of hip flexors is 5/5 on the right and 4/5 on the left; knee flexion is 5/5 on right and 5/5/ on left. Sensory examination shows light touch sensation is decreased over the L5 and S1 dermatomes on the left. The provider's treatment plan includes a continuation of physical therapy of 6 remaining sessions; continue medication, ice, heat and exercise. He is also requesting Omeprazole DR 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The patient was injured on 02/11/09 resulting in hip, back, and head complaints. The progress report dated 3/27/15 documented complaints of lower back pain and hip pain. The treatment plan included Fenoprofen (NSAID) and Omeprazole. Medical records indicate the long-term use of NSAIDs, which is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole is medically necessary.