

Case Number:	CM13-0009446		
Date Assigned:	11/01/2013	Date of Injury:	05/13/2011
Decision Date:	01/10/2014	UR Denial Date:	08/04/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male who reported a work-related injury on 05/13/2013 due to lifting a heavy object over his head. The patient had complaints of neck pain and right arm and hand numbness and tingling. The patient received conservative care therapy to include injections, physical therapy, and acupuncture. The patient's diagnoses were listed as right shoulder impingement syndrome, cervical sprain/strain, and bilateral carpal tunnel syndrome. The patient received Maximum Medical Improvement on 03/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Non-Steroidal Anti- Inflammatory Drugs (NSAIDS), Gastrointestinal (GI) Symptomes and. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The clinical notes submitted for review stated the patient was noted to be taking Tramadol HCL 50 mg, Naproxen Sodium 550 mg, and Omeprazole 20 mg for

gastrointestinal irritation secondary to medication. The most recent clinical note dated 10/03/2013 stated that the patient continued to complain of severe pain in his neck, and it continued to radiate to his bilateral shoulders. He also complained of the pain radiating to his right arm, with numbness and tingling down to his hand. The patient stated that his overall condition had worsened since his last evaluation. Objective findings included tenderness to palpation, myospasms and restricted range of motion to the cervical spine, right shoulder and right wrist. The California Medical Treatment Guidelines for Chronic Pain indicate that Omeprazole is recommended for patients at intermediate risk for gastrointestinal events and patients who have no cardiovascular disease. The patient was noted per the clinical documentation to be taking blood pressure medications, yet no diagnosis was noted for cardiovascular disease. There was no documentation submitted stating that the patient had signs or symptoms of gastrointestinal distress. The Official Disability Guidelines state that, in general, the use of a proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. It was noted that the patient had been taking Omeprazole since at least 2012. The clinical documentation submitted for review does not support the request for Omeprazole 20 mg. As such, the request for Omeprazole 20 mg (Quantity: 60.00) is non-certified.