

Case Number:	CM13-0019011		
Date Assigned:	01/10/2014	Date of Injury:	10/12/2011
Decision Date:	05/02/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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:

According to the records made available for review, this is a 43-year-old male with a 10/12/11 date of injury. At the time (8/9/13) of the request for authorization for Omeprazole 20mg, #60, there is documentation of subjective pain in right lower back that radiates down into the right buttock. Objective finding include cervical spine ROM is restricted, spasm and tenderness on the left side of paravertebral muscles, Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity, lumbar spine ROM, lumbar facet loading is positive on the left side, light touch sensation decreased sensation in the left S1 dermatome and of the right upper extremity in the C6 dermatome and the T1 dermatome. Current diagnoses include lumbar radiculopathy, cervical facet syndrome, cervical radiculopathy, shoulder pain, and wrist pain. Treatment to date include medications consisting of multiple NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68,69..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors, (PPIs) .

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, cervical facet syndrome, cervical radiculopathy, shoulder pain, and wrist pain. In addition, there is documentation of multiple NSAIDs. The request for Omeprazole 20mg, #60 is medically necessary and appropriate.