

Case Number:	CM13-0020674		
Date Assigned:	10/11/2013	Date of Injury:	08/23/2001
Decision Date:	04/03/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/05/2013

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 Internal Medicine 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:

This is a 55 year old female, status post injury 8/23/01 in which the patient fell while trying to sit in a chair. Medical report (8/23/13) the patient reported neck pain which spontaneously increased, interfering with sleep and activities of daily living, shoulder pain, lower back pain with radiation to left buttock and calf, and bilateral wrist and forearm pain. On physical examination she had a reduced cervical spine range of motion with positive Spurling's test to the left side, reduced lumbar spine range of motion SLR test positive on the left, and wrist tenderness with positive Tinel's test. Medical report (5/9/12) reports the patient was recommended to take Prilosec 20mg due to NSAID (Diclofenac) causing GI upset. Medical report (8/23/12) reports the patient began using Diclofenac and Prilosec intermittently. Medical report (8/23/13) recommended the patient to continue Diclofenac EC 100mg, but to discontinue Prilosec as she no longer had any GI difficulty. Other treatments include Vicodin, Tylenol #3, wrist bracing, and conservative modalities. Diagnoses include cervical strain with cervical radiculopathy and 2mm disc bulging at C4-5, C5-6, C6-7 with no significant spinal canal stenosis, mild canal stenosis at C4-5 and C5-6 per MRI, bilateral shoulder strain L>R, bilateral wrist and forearm tendinitis, borderline bilateral carpal tunnel syndrome and mild right cubital tunnel syndrome, lumbar strain with L>R bilateral lumbar radiculopathy. She is permanent and stationary as of 4/24/02. The disputed issue is Omeprazole 20mg #60.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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

Decision rationale: Records submitted indicated that the patient was given Diclofenac since early January 2012, the records however indicated that at the time of the visit on 8/23/2013 the NSAIDs had been given intermittently and the symptoms of the gastritis had improved and the patient had been off of the prilosec. However careful review of the records indicated that the discontinuation of the prilosec noted in the records was done after the denial by the UR of the medicines. In conclusion, the rationale of maintaining the decision of NON- Necessity of the prilosec was based on the records there are no description of the symptoms of the gastritis and also based on the MTUS guidelines the patient did not fall into a high risk of the gastrointestinal events which include, (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).