

Case Number:	CM13-0022285		
Date Assigned:	02/12/2014	Date of Injury:	07/08/2010
Decision Date:	06/13/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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 Occupational 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:

According to the records made available for review, this is a 55-year-old with a July 8, 2010 date of injury. At the time of the request for authorization for Omeprazole DR capsule 20mg #120 (August 8, 2013), there is documentation of subjective (persistent pain) and objective (palpable muscle spasms) findings, current diagnoses (brachia neuritis or radiculitis NOS, lumbago, carpal tunnel syndrome, and lesion of ulnar nerve), and treatment to date (medication including cyclobenzaprine hydrochloride for at least seven months). There is no documentation of risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI (gastrointestinal) bleeding or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID (non-steroidal anti-inflammatory drug).

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR CAPSULE 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drug), GI (gastrointestinal) Symptoms And Cardiovascular.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors (PPIs).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 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 ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of brachia neuritis or radiculitis NOS, lumbago, carpal tunnel syndrome, and lesion of ulnar nerve. In addition, there is documentation of chronic low back pain and treatment with cyclobenzaprine hydrochloride for at least seven months. However, there is no documentation of risk for gastrointestinal event includes age greater than 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 request for Omeprazole DR capsule 20mg, 120 count, is not medically necessary or appropriate.