

Case Number:	CM13-0028713		
Date Assigned:	11/27/2013	Date of Injury:	03/28/2008
Decision Date:	01/24/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/25/2013

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 and 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 female who reported an injury on 03/28/2008 after her foot got struck in a crack in the sidewalk, causing her to fall face down in the grass with a twisting motion of her torso. The patient has been treated conservatively with medications, physical therapy, a TENS unit, and trigger point injections. The patient's most recent clinical exam findings included tenderness to palpation of the paracervical region with restricted range of motion to 30 degrees in flexion, 20 degrees in extension, 40 degrees in right and left lateral bending, and 75 degrees in rotation. The examination of the patient's thoracic/lumbar spine revealed tenderness to the paralumbar region and restricted range of motion described as 65 degrees in flexion, 25 degrees in extension, 15 degrees in bilateral lateral bending, and 25 degrees in bilateral rotation. The patient's diagnoses included lumbar strain and cervical strain. The patient's treatment plan included a prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition, ODG notes regarding Proton pump inhibitors.

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has continued pain complaints of the lumbar and cervical region. It is also noted that the patient was prescribed a non-steroidal anti-inflammatory drug. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants in combination with non-steroidal anti-inflammatory drugs when the patient is at risk for gastrointestinal events. The clinical documentation submitted for review does not provide any evidence that the patient has a history of gastrointestinal issues. Additionally, there is no documentation that the patient is on a high dose or multiple non-steroidal anti-inflammatory drugs that would support the need for a gastrointestinal protectant. As such, the requested pharmacy purchase of omeprazole 20 mg #30 is not medically necessary or appropriate.