

Case Number:	CM13-0032964		
Date Assigned:	12/06/2013	Date of Injury:	10/20/1999
Decision Date:	03/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 Illinois. 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 53-year-old male who reported injury on 10/20/1999. The mechanism of injury was not provided. The mechanism of injury was not provided. The most recent clinical documentation indicated the patient had been using Omeprazole for gastritis, Tizanidine for spasms, Pamelor for neuropathic pain, and senna as needed for constipation, as well as Tramadol for pain. The patient denied side effects of the medications. The patient's diagnoses were noted to include cervical stenosis at C5-6 and C6-7, lumbar radiculopathy, status post bilateral carpal tunnel and ulnar nerve release, status post left shoulder surgery, severe GI pathology including rectal bleeding, and whole body pain. The request was made for continued medications

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg caps #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California Medical Treatment Utilization Section (MTUS) recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient was taking Omeprazole for gastritis. However, there was a lack of documentation indicating the efficacy of the medication. Given the above, the request for Omeprazole 20 mg caps #60 for GI problems related to meds taken for the cervical and lumbar spine as an outpatient is not medically necessary.