MAXIMUS Federal Services

Case Number:	CM13-0042391		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2013
Decision Date:	05/07/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/11/2013

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 Family Medicine and is licensed to practice in North Carolina. 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:

The patient is a 57-year-old with a reported date of injury of 04/26/2013. The incident occurred while at work when he was lowering an object off a truck and felt a severe painful pulling sensation to his neck, lower back and right shoulder. His diagnosis include lumbar radiculopathy and rotator cuff tear. Treatment has included physical therapy, medication and surgical consult. A progress note dated 07/22/2013 from the primary treating physician notes severe gastrointestinal distress due to Ibuprofen/Naproxen and creams have been given in the past. A request for certification for Omeprazole 20mg on 10/11/2013 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG (PART 4 OF 6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI Symptoms And Cardiovascular Risk Page(s): 68-.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes the following recommendations for gastrointestinal complaints and NSAIDs Determine if the patient is at risk for gastrointestinal events. Patients at intermediate risk for gastrointestinal events and no

cardiovascular disease: A non-selective NSAID with either a proton pump inhibitor or misoprostol. While there is documentation addressing the patients "severe" gastrointestinal distress with NSAIDS, there is no indication from the progress notes that the patient's care included continuing NSAID therapy. In fact the notation indicates creams were prescribed instead of NSAIDS for this reason. Since there is no indication that the patient has continued with oral NSAID therapy, there would be no indication for oral proton pump inhibitor like Prilosec.