

Case Number:	CM13-0049804		
Date Assigned:	02/21/2014	Date of Injury:	04/09/2013
Decision Date:	04/17/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/08/2013

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 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:

This patient sustained an injury on 4/9/03. Request under consideration include 1 prescription of Omeprazole 20 mg #30 with 1 refill. Report of 10/10/13 from the provider noted patient with continued pain; however, strength has improved with physical therapy (PT) with decreased shoulder and neck pain. It was noted that she had mild to moderate functional improvement with increased mobility and strength and decreased pain intensity and frequency of medication intake. Home exercise program was not helpful in reducing pain and improving function. Exam showed unchanged objective findings compared to last exam with decreased neck and shoulder range of motion, normal upper extremity motor strength, and decreased sensation of the left C7 and C8. The patient has completed 16 PT visits for diagnoses of complex regional pain syndrome. The request for additional PT was certified; however, on 10/18/13 the above Omeprazole prescription was non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OMEPRAZOLE 20MG #30 WITH 1 REFILL: Upheld

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

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

Decision rationale: This medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 1 prescription of Omeprazole 20mg #30 with 1 refill is not medically necessary and appropriate.