

Case Number:	CM13-0056673		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2006
Decision Date:	03/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/22/2013

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, has a subspecialty in Pain 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 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 injured worker is a 53-year-old female with an original date of injury of December 12, 2007. The mechanism of injury occurred when the patient was repeatedly packing, sorting, bending, lifting, and carrying boxes of frozen items. The patient complains of pain in the neck, bilateral shoulders, bilateral hands and wrists, and low back. The patient is treated with tramadol, omeprazole, and topical medication. The disputed issue is the request for omeprazole which was denied by a utilization review determination. The rationale for this denial was that this proton pump inhibitor is only utilized when certain gastrointestinal risk factors are present, which did not apply to this patient's clinical case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69.

Decision rationale: A review of this injured worker's past medical history indicates some risk factors for gastrointestinal issues. The patient has had a previous EGD on December 5, 2008

which documented gastritis in the antrum and biopsy was negative for H. pylori. The patient was recommended to be on Protonix for gastritis. There is also documentation that the patient did present to an emergency room with chest pain that felt like "gas pain." She was evaluated in the emergency room and discharged with gastrointestinal medication including Mylanta. She was, however, given the diagnosis of "chest wall pain" for this visit. Furthermore, there is a progress note on September 11, 2012 in which there is a recommendation for discontinuation of all NSAIDs, as this appeared to be worsening her acid reflux disease. There is documentation that the gastritis was secondary to NSAID use. Given these gastrointestinal risk factors and history of gastritis, the request for omeprazole is recommended for certification.