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| Case Number: | CM13-0059103 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/05/2006 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/29/2013 |

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 Texas. 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 injured worker is a 49-year-old male who reported an injury on 06/05/2006 after a heavy box fell on top of him. The injured worker reportedly sustained an injury to his neck, shoulder, low back, and elbow. The injured worker's treatment history included right shoulder arthroscopy, right carpal tunnel release, a back brace, physical therapy, multiple medications, and injection therapy. The injured worker was evaluated on 09/16/2013. Physical findings included limited lumbar range of motion secondary to pain, tenderness to palpation over the spinal vertebral process at the L4-S1 levels, and positive straight leg raising test bilaterally. The injured worker's diagnoses included lumbar radiculopathy, cervical radiculopathy, lumbar facet arthropathy, lumbar spinal stenosis, chronic pain, right shoulder pain, medication related dyspepsia, and history of ulcer disease. The injured worker's medication schedule included ibuprofen, Omeprazole, Gabapentin, tramadol, and Senokot. The injured worker's treatments plan included continuation of medications and continuation of participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 220mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The requested Omeprazole DR 220mg, #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a gastrointestinal protectant for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation indicates that the injured worker has been on this medication since at least 09/2012 due to a history of gastric ulcers and long term usage of nonsteroidal anti-inflammatory drugs that induce gastritis. Therefore, this medication would be appropriate for this injured worker. However, the request as it is submitted does not specifically provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Omeprazole DR 220mg, #30 is not medically necessary or appropriate.