

Case Number:	CM13-0064919		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2012
Decision Date:	05/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and 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 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 50-year-old female who claimed to be verbally assaulted by one of the tenants resulting in injury on 10/03/2012. The injured worker was evaluated on 10/28/2013 which indicated the injured worker stated she developed emotional problems, poor appetite, and abdominal pain. The documentation indicated the injured worker was advised to take medication for her stomach which she stopped taking. The documentation indicated the injured worker stated her abdominal pain occurred once every 2 to 3 months. The injured worker additionally complained of intermittent neck pain. The documentation indicated the patient stopped taking omeprazole approximately 2 months prior to the evaluation. There were no evaluation findings in relation to the injured worker's gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TUMS, AS NEEDED, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs Website

Decision rationale: The request for a prescription of Tums, as needed, #60 is not medically necessary. Drugs.com indicates the use of Tums is for prevention and to treat calcium deficiencies. The documentation submitted for review did not indicate the injured worker had a calcium deficiency for which the medication would be prescribed. Furthermore, documentation did not indicate the patient had signs and symptoms for an off-label use of the medication to include acid reflux. Therefore, the use of the medication is not supported. Given the information submitted for review, the request for 1 prescription of Tums, as needed, #60 is not medically necessary.

PRESCRIPTION OF OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms & Cardiovascular Risk,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for prescription of omeprazole 20 mg, # 60 is not medically necessary. The documentation submitted for review indicated the injured worker had stopped taking the medication and did not have complaints of gastrointestinal issues upon evaluation. As the patient was not taking the medication and did not have physical examination findings of gastrointestinal issues, continued use of the medication is not supported. The California MTUS Guidelines recommend the use of a PPI for patients who are at risk for gastrointestinal events. The documentation submitted for review did not indicate the patient was at risk for gastrointestinal events. Given the information submitted for review, the request for prescription of Omeprazole 20 mg, #60 is not medically necessary.