

Case Number:	CM14-0002886		
Date Assigned:	01/15/2014	Date of Injury:	12/02/2011
Decision Date:	04/07/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

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 Family Practice, 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 patient is a 50 year old female claimant who sustained a work injury on 12/2/11 resulting in neck and bilateral wrist pain. She had a diagnosis of Cervicalgia, bilateral carpal tunnel syndrome and chronic pain syndrome. Her treatments have included therapy, TENS unit, chiropractor and carpal tunnel injections. A progress note on 7/22/13 indicated scapula spasms, pain induced depression, sleep disorder, continued shoulder, neck and wrist pain. Norco, Celebrex, Naproxyn, Flexeril and Tramadol were used for pain. A request was made on 7/26/13 for Omeprazole 20 mg daily for reducing gastrointestinal side effects of analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Omeprazole (Prilosec) is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events

such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary and appropriate.