

Case Number:	CM14-0003373		
Date Assigned:	01/31/2014	Date of Injury:	02/24/1999
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational 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 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 patient is an employee of [REDACTED] and has submitted a claim for sprain of the shoulder/arm, cervical disc disease with myelopathy, carpal tunnel syndrome, and brachial neuritis associated with an industrial injury date of February 24, 1999. Treatment to date has included NSAIDs, opioids, muscle relaxants, anticonvulsants, proton pump inhibitors, anterior cervical fusion, and SCS placement. Medical records from 2014 were reviewed. Patient complained of persistent cervical and bilateral upper extremity pain graded 7/10. Pain was described as sharp and achy and was aggravated by repetitive activities with use of upper extremities. Physical examination showed bilateral trapezius spasm and tenderness, cervical range of motion was limited at flexion of 45 degrees, extension of 35 degrees, bilateral lateral bending of 30 degrees, and bilateral lateral rotation of 60 degrees, and bilateral parasacral tenderness. Utilization review from December 23, 2013 modified the request for Omeprazole 20MG, #60 with 3 refills to Omeprazole 20MG, #30 with 2 refills. Intolerance to Flexeril with gastrointestinal complaints was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #60 WITH THREE 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are supported in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In this case, the patient has been taking Omeprazole since January 31, 2014 for GI complaints due to Flexeril. Patient reported improvement of gastritis symptoms with Omeprazole intake. However, the patient stopped taking Flexeril. Although patient is likewise on opiate therapy which may cause gastric symptoms, recent progress notes did not report any ongoing gastric symptoms and GI disorders. No reevaluation was done since January 31, 2014. The current status of the patient is unknown. Therefore, the request for Omeprazole 20MG, #60 with 3 refills is not medically necessary.