

Case Number:	CM14-0003840		
Date Assigned:	02/03/2014	Date of Injury:	11/09/2004
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/10/2014

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] who has submitted a claim for cervical disc syndrome, bilateral shoulder rotator cuff syndrome, and lumbar disc disease associated with an industrial injury date of 11/09/2004. Treatment to date has included Theramin, Omeprazole, Flexeril, Relafen, TGHOT cream and FlurFlex cream, cervical spine surgery, and shoulder manipulation under anesthesia. Medical records from 3/4/14 to 8/26/14 were reviewed showing that patient complained of progressive neck pain, graded 8/10 in severity; bilateral shoulder pain, graded 8/10; and low back pain, graded 8/10. Pain was aggravated by movement. The patient claims to have a hard time opening a milk bottle. Physical examination showed tenderness and loss of cervical spinal rhythm; and marked limitation of active movement of the cervical spine and bilateral shoulders; and positive impingement and supraspinatus tests, bilateral; and positive Kemp's and straight leg raise tests, bilateral. Utilization review from 12/10/13 denied the request for Omeprazole 20mg #30 twice daily due to lack of documentation that establishes the medical necessity for use of omeprazole, i.e. the treating physician's documentation does not meet the MTUS criteria for use of a proton pump inhibitor, or provide the clinical history that stratified the patient's risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 64 to 65 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient has been using Relafen since April 2013, and complains of gastroesophageal reflux disease. The medical records reviewed show that the patient is at risk for a gastrointestinal event. Therefore, the request for Omeprazole 20mg #30, is medically necessary.