

Case Number:	CM14-0005523		
Date Assigned:	02/05/2014	Date of Injury:	04/11/2010
Decision Date:	09/29/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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:

This is a 53-year-old female with a 4/11/10 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 12/16/13, the patient complained of increased pain in the trapezius and in the back with occasional numbness of the bilateral legs. Her medications provide her benefit. Objective findings: positive bilateral SLR, decreased sensation of right foot, decreased ROM of neck and back. Diagnostic impression: cervical spine and lumbar spine strain, cervical radiculopathy, myofascial pain syndrome. Treatment to date: medication management, activity modification, trigger point injections, surgery. A UR decision dated 12/30/13 denied the request for Omeprazole. The most recent examination does not establish constipation, abdominal pain, nausea/vomiting, or diarrhea. Additionally, the patient taking an NSAID alone would not support the use of an adjunctive proton pump inhibitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG, ONCE DAILY (QD), #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. It is documented that the patient is currently taking the NSAID, Orudis (ketoprofen). Guidelines support the use of omeprazole in patients currently utilizing chronic NSAID therapy. Therefore, the request for Omeprazole 20 Mg, Once Daily (QD), #100 was medically necessary.