

Case Number:	CM14-0009931		
Date Assigned:	04/04/2014	Date of Injury:	04/26/2013
Decision Date:	07/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 58-year-old male patient with a 4/26/13 date of injury. He injured himself when unloading a motor steel platform. He felt a severe painful pulling sensation into his neck, right shoulder and lower back. A 6/10/13 progress report indicated the patient had continues pain in the right shoulder, neck and upper back. He had tingling and numbness in his right hand, thumb and fingers. He also had sharp pain in the right shoulder that radiated to the arm and hand. 9/19/13 progress report indicated that he had severe GI distress and could not take anti-inflammatory drugs. Objective findings demonstrated restricted range of motion in the cervical spine, right shoulder and hand. He was diagnosed with chronic cervical ligamentous and muscular strain with possible discopathy, and thoracolumbar ligamentous and muscular strain with possible discopathy. Treatment to date: medication management and physical therapy. There is documentation of a previous 1/15/14 adverse determination, because there was documentation that the patient did not satisfy MTUS guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG 2 TIMES DAILY # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI and Cardiovascular Risks.

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

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. The patient reported that had severe GI distress because of NSAID use. In addition there was documentation to support that the patient was taking NSAID chronically for pain relief. Guidelines support proton pump inhibitor (PPI) use for treatment in patients with NSAID-induced GI disorders. Therefore, the request for Omeprazole 20 mg 2 times daily # 60 is medically necessary.