

Case Number:	CM14-0011888		
Date Assigned:	02/21/2014	Date of Injury:	08/14/2007
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/29/2014

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:

Injured worker is a male with date of injury 8/14/2007. Per primary treating physician's re-evaluation and progress report with request for authorization, the injured worker continues to complain of chronic symptomatology in the cervical spine with chronic headaches, tension between the shoulder blades, and radicular pain component. He also has had chronic low back pain. He has been recommended for surgical intervention to the cubital and carpal tunnels, but he has opted not to proceed with this. His symptoms in his bilateral shoulders, knees and ankles have not changed significantly. There are headaches that are migrainous in nature associated with periods of increased pain in the cervical spine. He reports these headaches do cause nausea that is not alleviated by Prilosec. He complains of an upset stomach with the use of Naproxen, but he continues to utilize Naproxen as it offers temporary pain relief allowing him to perform his activities of daily living. On exam, there is tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. There is tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes, right greater than left. There is tenderness at the left shoulder anteriorly. There is pain with terminal motion with limited range of motion and weakness. There is limited range of motion of the right shoulder with 10 degrees lack of full extension. There is a positive Tinel's in the bilateral cubital fossa and wrists with a positive palmar compression test subsequent to Phalen's maneuver. There is reproducible symptomatology with extension of symptoms not only in the ulnar two digits but also in the radial three digits. There is a fair amount of numbness. There is tenderness at the knee joint line. There is a positive patellar compression test. There is pain with terminal flexion. There is tenderness at the anterolateral aspect of the ankles. There is pain with inversion and eversion of

the ankles. Diagnoses include 1) cervical discopathy 2) left shoulder impingement syndrome, rule out rotator cuff pathology 3) status post right shoulder 11/2007 4) bilateral cubital tunnel syndrome 5) electrodiagnostic study evidence of bilateral carpal tunnel syndrome and bilateral ulnar neuropathy at the elbows 6) lumbar discopathy 7) status post bilateral knee surgery 8) bilateral ankle sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section, Page(s): 68, 69.

Decision rationale: Omeprazole is prescribed by the requesting physician to take one tablet every 12 hours as needed for upset stomach to be taken in conjunction with his pain and anti-inflammatory medication to protect his stomach and to prevent any GI complications from taking these medications. The injured worker has reportedly found symptomatic relief of acid reflux and gastrointestinal upset that occurs with the use of Naproxen. The claims administrator notes that the injured worker had been prescribed omeprazole one month prior with no reevaluation of the injured worker's GI symptoms whether complaints persisted or not. In this review, it does appear that the requesting physician has addressed this, stating that there has been relief with the use of omeprazole. Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. The injured worker has reported reflux and gastrointestinal upset with the use of Naproxen, which is alleviated with the use of omeprazole. The request for omeprazole 20 mg #120 is determined to be medically necessary.