

Case Number:	CM14-0017402		
Date Assigned:	04/14/2014	Date of Injury:	12/26/2007
Decision Date:	05/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 48-year-old female who reported an injury on 12/26/2007 after lifting heavy objects which caused severe neck and low back pain. The injured worker's treatment history included psychiatric support, multiple medications, and activity modifications. The injured worker was evaluated on 12/31/2013. It was documented that the injured worker had multiple body part complaints of pain. Physical findings of the cervical spine noted restricted range of motion secondary to pain with moderate tenderness in the trapezius and paraspinal musculature with tenderness over the nerve roots on both sides of the neck. Evaluation of the injured worker's upper extremities included restricted range of motion of the bilateral shoulders with tenderness to palpation and a positive Speed's test. Evaluation of the bilateral wrists noted moderate tenderness. Evaluation of the low back documented limited range of motion secondary to pain, tenderness over the spinous process, and paraspinal musculature. Evaluation of the lower extremities documented a positive straight leg raising test with motor strength weakness bilaterally. The injured worker's diagnoses included degenerative disc disease, shoulder impingement, bilateral lateral epicondylitis, wrist pain bilaterally, and facet spondylosis. The injured worker's treatment plan included continuation of medications to include Voltaren 75 mg, Prilosec 20 mg, and Ultram 50 mg. The injured worker was again evaluated on 02/11/2014. The physical findings remained unchanged. However, it was documented in the review of systems that the injured worker has nausea and heartburn controlled by Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The requested Omeprazole 20 mg #60 is not medically necessary or appropriate. The clinical documentation does indicate that the injured worker has symptoms of nausea and heartburn. Chronic Pain Medical Treatment Guidelines recommends the use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events resulting from medication usage. Although the clinical documentation does indicate that the injured worker has gastrointestinal disturbances, there is no indication that these are resulting from medication usage. There is no documentation of significant risk factors to support the use of a gastrointestinal protectant. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Omeprazole 20 mg #60 is not medically necessary or appropriate.