MAXIMUS Federal Services

Case Number:	CM14-0110744		
Date Assigned:	08/04/2014	Date of Injury:	01/21/2013
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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 Internal 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 injured worker is a 42 year old female who was injured on 01/21/13 while taking cleaning supplies out of the car and the hatchback slammed down on her head/neck. She was taken to the emergency room where cervical spine x-day was taken. She was then diagnosed to have cervical spine sprain. It does not appear that the injured worker has undergone surgical intervention done for the initial injury. Clinical note dated 05/29/14 indicated the injured worker came for follow up of her constant pain in the neck. The injured worker complains of pain in the neck and right hand, with headache and dizziness. She described her discomfort as aching, dull, and sharp pain, with tingling and numbness in the right hand and fingers. Pain level was rated as 8/10. The pain was aggravated by pulling, pushing, and any constant physical activity with the right hand or arm, and alleviated by lying down. Physical examination revealed limited range of motion in the neck region. The injured worker holds her neck very stiffly. Most of the pain is to the left of the neck musculature. Consultation note dated 06/23/14 indicated the injured worker complains of neck pain described as constant dull ache with burning type sensation. The injured worker indicated she has occasional right upper extremity numbness with shooting pains. Her pain level was rated as 9/10 without medication, and 8/10 with medication. She also indicated her pain is better with floating in the water, medications and massage, pain is worse with movement, lifting, use of upper extremities, bending and sitting. Physical examination of the cervical spine revealed paraspinal tightness from the occiput to the bilateral upper trapezius. There was slight forward head positional with sternocleidomastoid tightness. Range of motion with flexion is chin to chest, three fingers; extension is 5 degrees with pain; right lateral flexion is 20 degrees, left lateral flexion is 10 degrees with pain; rotation bilaterally is 40 degrees. She has trigger point tenderness at C2-3, C5-6 and C6-7. Impressions were chronic pain syndrome, cervical spine pain, cervical disc pain, cervical degenerative disc disease, cervical stenosis, cervical facet

arthropathy and myalgia. Plan of management include refill of Nucynta ER 50mg BID, start Omeprazole 20 mg for gastrointestinal protection with NSAIDs, continue Ibuprofen 800mg TID for inflammation/pain and Flexeril 10mg TID for muscle spasms. The previous request for Omeprazole DR 20mg #30 was non-certified on 07/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors (PPIs)

Decision rationale: As per Official Disability Guidelines, the use of proton pump inhibitors (Omeprazole) is recommended for patients at risk for gastrointestinal events, which include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Clinical documentation does not indicate the presence of any of the above conditions in the injured worker. In addition, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this medication, Omeprazole DR 20mg #30, cannot be recommended as medically necessary.