

Case Number:	CM14-0118514		
Date Assigned:	08/06/2014	Date of Injury:	08/29/2009
Decision Date:	09/17/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 56 year old who was injured on 8/29/2009. The diagnoses are cervicalgia, myofascial pain and cervicogenic headache. The past surgery history was significant for bilateral shoulders and bilateral knees surgeries. The patient completed PT treatment. The patient reported a 75 to 90 % reduction in pain after cervical epidural steroid injections. On 7/23/2014, [REDACTED] noted that the pain score was 4/10 on a scale of 0 to 10. The patient reported an increase in right knee pain and swelling. There was reduced range of motion of the affected joints with tender muscle spasm. It was noted that the patient had a history of peptic ulcer disease. The medications are gabapentin, Vicodin and Celebrex for pain and omeprazole for the prevention and treatment of NSAIDs induced gastritis and peptic ulcer disease. A Utilization Review determination was rendered on 7/7/2014 recommending non certification for omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation ODG- PAIN CHAPTER.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of proton pump inhibitors (PPI) for the prevention and treatment of NSAIDs induced gastritis and dyspepsia. The records indicate that the patient has a history of peptic ulcer disease. The patient is utilizing Celebrex, a COX -2 with less gastrointestinal side effects. The criteria for the use of omeprazole 20mg #60 was met.