

Case Number:	CM14-0132416		
Date Assigned:	08/22/2014	Date of Injury:	04/29/2009
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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 & Rehabilitation, Pain Medicine 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 53-year-old male who reported injury on 04/29/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of headaches, brachial neuritis or radiculitis, cervical disc protrusion, lumbar disc protrusion, lumbar radiculopathy, bilateral elbow medial epicondylitis, left elbow lateral epicondylitis, left elbow bicipital tendinitis, right knee Chondromalacia patella, and left knee patellar tendinitis. Past medical treatment consist of home exercise program, physical therapy, and medication therapy. Medications include omeprazole, tramadol, alprazolam, Terocin pain patch, Mentherm gel, Theramine, Sentra AM, Sentra PM, Norco, and Gabadone. The injured worker has undergone MRIs of the lumbar spine and cervical spine. On 08/05/2014, the injured worker complained of low back pain and bilateral knee pain. Physical examination revealed that the injured worker had a pain of 6/10. Examination of the cervical spine revealed a range of motion of a flexion of 30 degrees, extension of 40 degrees, right rotation of 70 degrees, left rotation of 70 degrees, right lateral flexion of 30 degrees, and left lateral flexion of 30 degrees. It also showed that the injured worker was tender at the paravertebral and trapezius muscles with spasms. Bilateral elbow range of motion revealed a flexion of 130 degrees, extension of 0 degrees, supination of 64 degrees to the right and 70 degrees on the left, and pronation of 65 degrees on the right and 70 degrees on the left. There was tenderness at the lateral and medial epicondyles bilaterally. There was tenderness to the left bicep tendon. Lumbar range of motion revealed flexion 25 degrees, extension 5 degrees, right lateral flexion of 10 degrees, and left lateral flexion of 10 degrees. Straight leg raise and femoral stretch were positive bilaterally. The lumbar spine revealed tenderness with spasm. Bilateral knee range of motion revealed a flexion of 130 degrees on the right and 140 degrees on the left, extension of 0 degrees, and patella grinding was positive bilaterally. Bilateral lower extremities sensation was decreased at the L5-S1 dermatome. The

medical treatment plan is for the injured worker to continue the use of omeprazole 20 mg quantity of 60. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non - Selective NSAIDs with either a PPI (Proton Pump Inhibitor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (Omeprazole) Page(s): 68-69.

Decision rationale: The request for Omeprazole 20mg #60 is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia, secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for GI events. The submitted report lacked any evidence that the injured worker had any complaints of dyspepsia with the use of the medication, cardiovascular disease, or significant risk factors for GI events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted failed to include a frequency or duration of the medication. As such, the request for Omeprazole 20mg #60 is not medically necessary.