

Case Number:	CM14-0132606		
Date Assigned:	08/22/2014	Date of Injury:	09/12/2012
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
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, has a subspecialty in 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 45 year old male who reported injury on 09/12/2012 from lowering a wall. The diagnoses included neck sprain/strain, left shoulder pain with a labral tear and chronic low back pain. Past treatments include medications, chiropractic care and physical therapy. His past diagnostic tests included an MRI of the cervical spine on 07/21/2014 that revealed degenerative disc disease at C5-6, small posterior disc osteophyte complex at C5-6, mild right neural foraminal narrowing at C6 nerve and posterior central disc protrusion at C3-4 and on 07/25/2014 an MRI arthrogram of the left shoulder was conducted and revealed a labral tear. On 07/30/2014, the injured worker complained of pain with prolonged sitting in his lumbar spine and left shoulder pain with range of motion. The physical exam revealed the neck had normal flexion; extension was 50 to 75 percent normal, there was tenderness on the left, and tenderness in his shoulders and back. Medications include Relafen 750mg, Norco 10-325mg, Omeprazole 20mg and topical cream. The treatment plan was to continue with medication and to follow up in 4 weeks. There is not a rationale for the request and the request for authorization form is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole 20mg #30 daily: is not medically necessary. The injured worker has a history of neck sprain/strain, left shoulder pain with a labral tear and chronic low back pain. The California MTUS guidelines recommend Omeprazole for those at risk for gastrointestinal events and dyspepsia secondary to NSAID therapy. The injured worker however had no complaints of gastrointestinal discomfort. His complaints consisted of pain with his spine and shoulder. Guidelines state gastrointestinal risk factors can be determined based on age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of Aspirin, Corticosteroids, and/or an anticoagulant and high dose/multiple NSAIDs. The injured worker was noted to be taking an NSAID, but there was no documentation indicating complaints of dyspepsia. It was also not indicated in his physical exam that he had gastrointestinal issues. Based on the request and documented evidence Omeprazole is not supported at this time. As such, the request for Omeprazole 20mg #30 daily: is not medically necessary.