

Case Number:	CM14-0151224		
Date Assigned:	09/19/2014	Date of Injury:	03/04/2005
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a 52 year old woman with a date of injury of March 4, 2005. She was pinned against a wall by a forklift. The injured worker has had multiple cervical spine surgeries and is currently under consideration for another such surgery. She has bilateral upper back pain, mid-back pain and bilateral shoulder pain. Because of her level of pain, she is taking Norco, Omeprazole, Triazolam, Cymbalta, Lidoderm patch, and Orphenadrine. According to a physician utilization review call with her treating physician, she is also taking over-the-counter Motrin several times a week and has hyperacidity, although this is not documented in the medical notes. She denies medication side effects per the medical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40mg, 1 po qd, #30 with 3 refills: Upheld

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

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

Decision rationale: Per the Medical Treatment Utilization Schedule guidelines, workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-

selective nonsteroidal anti-inflammatory drug with either a proton pump inhibitor (such as omeprazole) or a Cox-2 selective agent. This injured worker has bilateral upper back pain, mid-back pain, bilateral shoulder pain, no history of gastrointestinal problems, and no evidence of medication-induced gastro-esophageal reflux disease. Per the Medical Treatment Utilization Schedule guidelines, omeprazole is therefore not considered medically necessary.