

Case Number:	CM14-0154324		
Date Assigned:	09/23/2014	Date of Injury:	04/29/2008
Decision Date:	12/08/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 60-year-old male with a date of injury of 04/29/2008. The listed diagnoses per [REDACTED] are: 1. Cervical radiculopathy. 2. Cervical stenosis. 3. Degenerative disk disease of cervical spine. According to progress report 08/06/2014, the patient presents with neck pain with numbness, tingling, and burning that radiates to his shoulder blade. Patient's medication regimen includes tramadol ER 150 mg, naproxen 550 mg, Prilosec 20 mg, Medrox patches, and flurbiprofen cream. The patient reports the medications help decrease pain and increase his function as well as allow him to participate in a home exercise program. Examination revealed tenderness to palpation in the cervical spine and bilateral trapezius with active spasm. Range of motion is decreased in all planes. Flexion elicits pain. The treating physician is requesting a refill of medications. Utilization review denied the request on 08/25/2014. Treatment reports from 03/12/2014 through 08/06/2014 were reviewed.

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 NSAIDs Proton Pump Inhibitors (PPIs) GI Symptoms & Cardiovascular.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68-69.

Decision rationale: This patient presents with neck pain that radiates down into his shoulder blade. The treating physician is requesting a refill of omeprazole 20 mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed omeprazole concurrently with naproxen since at least 03/12/2014. The patient has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Therefore, the request is not medically necessary.