

Case Number:	CM14-0158587		
Date Assigned:	10/02/2014	Date of Injury:	04/07/2008
Decision Date:	11/06/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family medicine 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:

This is a 47 year old female patient who sustained an injury on 4/07/2008. She sustained the injury while patient was moving a client from a wheelchair to a bed. The diagnoses include shoulder region disorders; sprain/strain to the wrist; sprain/strain to the neck; sprain/strain of the shoulder and upper arm; cervical disc disorder with myelopathy; brachial neuritis/radiculitis; and epicondylitis of the elbow, medial. Per the doctor's note dated 8/11/14, patient had complaints of residual pain with numbness in the arm, lower back pain. Per the note dated 7/14/14 physical examination revealed spasm, tenderness, and guarding in the paravertebral musculature of the cervical spine, decreased sensation in the C5 and C6 dermatomes bilaterally. The medication list includes Zofran, Prilosec, Ambien and Norco. She has had electrodiagnostic study for the upper extremity dated 1/23/14 which revealed mild left carpal tunnel syndrome; cervical spine X-rays and lumbar spine X-rays on 8/11/14. She has undergone cervical fusion in 4/2014. She has had physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole) 20 mg #60, times (x) 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events.....Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of Prilosec (omeprazole) 20 mg #60, times (x) 5 is not established for this patient.