

Case Number:	CM14-0174042		
Date Assigned:	10/27/2014	Date of Injury:	06/14/2012
Decision Date:	12/04/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury June 14, 2012. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier cervical spine surgery; and cervical facet injections. In a Utilization Review Report dated October 16, 2014, the claims administrator approved a request for cyclobenzaprine while denying a request for omeprazole. The applicant's attorney subsequently appealed. In a progress note dated January 13, 2014, the applicant was described as planning to undergo a cervical spine surgery. The applicant was given prescription for Zofran, Norco, Flexeril, and scopolamine patches. The applicant was placed off of work, on total temporary disability. In an October 15, 2014 progress note, the applicant was described as using Norco, Flexeril, Prilosec, and Ambien. The applicant was not working, it was acknowledged. The applicant specifically denied issues with dysphagia, dyspepsia, or abdominal pain, it was noted. The applicant was asked to continue a TENS unit. Medial branch blocks were sought. The applicant received trigger point injections in the clinic. In a July 28, 2014 progress note, the applicant reported ongoing complaints of neck pain radiating into the arms. The applicant was again placed off of work, on total temporary disability, status post earlier cervical fusion surgery. Norco and Prilosec were renewed. In July 1, 2014, progress note, Norco and Flexeril were prescribed while the applicant was kept off of work, on total temporary disability. On May 20, 2014, Norco and Prilosec were refilled while the applicant was again kept off of work, on total temporary disability. In an October 2, 2014 progress note, the attending provider suggested that the applicant was using omeprazole for gastroprotective effect as opposed to for actual symptoms of dyspepsia.

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.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes referenced above contained no explicit mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. The attending provider, furthermore, indicated on a progress note dated October 7, 2014 that the applicant was using omeprazole for gastric protective purposes as opposed to for actual symptoms of dyspepsia. However, the applicant did not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant is not using any NSAIDs. The applicant is not using NSAIDs in conjunction with corticosteroids. The applicant is less than 65 years of age (age 39). The applicant does not have a history of prior peptic ulcer disease and/or gastric bleeding. Therefore, the request for omeprazole was not medically necessary.