

Case Number:	CM14-0022734		
Date Assigned:	06/11/2014	Date of Injury:	02/03/2013
Decision Date:	09/25/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Rehabilitation 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 underlying date of injury in this case is 02/03/2013. The patient's diagnoses include cervical strain, closed head fracture, lumbar radiculopathy, and mild bilateral carpal tunnel syndrome. On 02/13/2014, a treating physiatrist followup note indicates the patient was seen in reevaluation regarding neck and back pain. The patient continued a home exercise program and was considering a trial of regular work. Medications included ketoprofen as an anti-inflammatory medication to reduce pain and also omeprazole, with reference to the Medical Treatment Utilization Schedule indicating that prophylaxis is indicated for patients at risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, state that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records in this case do not document any particular gastrointestinal risk factors. The rationale and indication for Omeprazole are not apparent at this time. Therefore, this request is not medically necessary.