

Case Number:	CM14-0025953		
Date Assigned:	04/04/2014	Date of Injury:	07/17/2012
Decision Date:	05/08/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Family Practice 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 injured worker is a 49-year-old female who reported an injury on 07/17/2012. The mechanism of injury was not stated. The current diagnoses include cervical sprain, cervical radiculitis, lumbar sprain, lumbar radiculitis, left hand/middle finger decreased sensation, insomnia, depression, gastritis, and lumbar spine disc protrusion. The injured worker was evaluated on 01/06/2014. The injured worker reported persistent neck and lower back pain. Physical examination revealed slight stiffness in the right paravertebral muscles, limited range of motion, decreased sensation in the dorsal as well as volar aspect of the left hand, middle finger, and index finger, weakness in the left hand, normal gait, tenderness to palpation of the lower lumbosacral musculature, limited lumbar range of motion, positive straight leg raising, and intact sensation. The treatment recommendations at that time included a urine toxicology screen and prescriptions for hydrocodone, Tramadol, and Prilosec 20 mg.

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 Page(s): 68, 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 79-81.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective non-steroidal anti-inflammatory drug (NSAID). There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is non-certified.