

Case Number:	CM14-0028969		
Date Assigned:	06/16/2014	Date of Injury:	11/16/2007
Decision Date:	07/16/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/06/2014

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 Texas. 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 41 year old male who was injured on 11/16/2007. The mechanism of injury is unknown. On pain management note dated 02/17/2014, the patient presented with complaints of neck and low back pain. The neck pain radiates to the right shoulder, left arm and hand. She has symptoms of numbness and tingling in the left hand. She also has numbness and tingling in the foot. On exam, straight leg raise was positive which produced pain into the left leg. Patrick's test and facet loading were positive. He had decreased sensation in the left arm and proximally and distally in the right shoulder and left leg. There was weakness in the left upper extremity and with grip strength. An MRI of the cervical spine was performed which showed postsurgical changes with disc protrusion at C2-C3 protrusion. Diagnoses are cervicalgia, cervical radiculopathy, failed neck surgery, lumbar radiculopathy, failed back surgery syndrome, anxiety, depression, headaches, and gastroesophageal reflux disease. The patient was instructed to continue his medications including omeprazole, Zanaflex, gabapentin, Butrans patches, Mobic, and Norco. A trial of spinal cord stimulator is recommended for the neck and low back. The patient is also to continue with home exercise program. Prior utilization review dated 03/03/2013 denied omeprazole as there is a lack of documentation establishing medical necessity.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: According to CA MTUS guidelines, Omeprazole as a proton pump inhibitor is recommended for patients who are prescribed non-steroidal anti-inflammatory drugs and they are at intermediate or high risk of gastrointestinal event (bleeding). The medical records indicate that patient was previously diagnosed as having gastritis. The medical report dated 2/17/2014 documents that the diagnosis of GERD has been established. The same record addresses the prescription of a NSAID. The CA MTUS guidelines recommends NSAIDs for short term relief of chronic back pain and neuropathic pain. It also states; "NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants for LBP". The patient is already under the control of Opioids and muscle relaxants, and no documentation of failure to response to these medications. Accordingly, there is no medical necessity supporting the use of NSAIDs, and therefore the medical necessity of Omeprazole 20mg #60 has not been established according to the guidelines.