MAXIMUS Federal Services

Case Number:	CM14-0029048		
Date Assigned:	06/16/2014	Date of Injury:	01/16/1998
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 63 year-old woman with a date of injury of 01/17/1994. An office visit note by [redacted] dated 01/17/2014 identified the mechanism of injury as cumulative trauma. This visit note and the note by [redacted] dated 02/05/2013 indicated the worker was experiencing headaches, depression symptoms, neck pain, and increased right shoulder pain. [redacted] note dated 01/17/2014 also reported the medications had recently caused "reflux and gastritis" but included no additional details. Documented examinations consistently described tenderness to the muscles of the cervical spine, lumbar spine, and base of the head. These notes concluded the worker was suffering from headaches from both neck and nerve issues, cervical disk degeneration and radiculopathy, and non-specific muscle pains. Treatment had included an opioid medication, a medication to increase sleep, medications to improve depression and anxiety symptoms, and a home exercise program. There was no documentation of the worker taking a non-steroidal anti-inflammatory medication or of a plan to include one in the near future. A Utilization Review decision by [redacted] was rendered on 06/06/2014 recommending non-certification for omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG: 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 - GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines support the use of Proton Pump Inhibitors (PPIs) when workers require non-steroidal anti-inflammatory drugs (NSAIDs) as part of their pain management regimen, and there is an intermediate- or high-risk for gastrointestinal events. The MTUS Guidelines also suggest the use of PPIs if dyspepsia occurs due to this treatment. The office visit notes by [redacted] dated 01/17/2014 and 02/05/2014 did not indicate the worker was taking a NSAID, and there was no indication this was being considered for the near future. In the absence of such evidence, the current request for omeprazole 20 mg is not medically necessary.