

Case Number:	CM14-0033706		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2013
Decision Date:	08/15/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 Hawaii. 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:

This case is a 37-year-old female with a date of injury on 10/29/13. Medical documents indicate the patient is undergoing treatment for cervical spine pain, shoulder impingement, lumbar strain, knee derangement, and right trochanteric bursitis. Subjective complaints include neck pain and bilateral knee pain. There are no subjective complaints for GI symptoms noted in the medical records. Objective findings include tenderness to palpation over the cervical spine, decreased range of motion to shoulders with positive impingement on right side, and first dorsal interosseous muscle atrophy. Objective findings dated 11/8/13 indicate normal GI examination. Treatment has included naproxen 550mg, acupuncture, orphenadrine, acetaminophen, and etodolac 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS states that the risk factors for gastrointestinal events are (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease may be prescribed a non-selective NSAID with either a proton pump inhibitor (PPI) such as omeprazole, or a Cox-2 selective agent. Long-term PPI use (over 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in the MTUS. As such, the request is not medically necessary.