

Case Number:	CM14-0034550		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2012
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 injured worker is a 49 year old male who reported an injury on 12/05/12 due to being punched in the face. The injured worker sustained a cut underneath his left eye. The injured worker complained pain in the cervical spine and left shoulder, and pain with intermittent numbness and tingling sensation affecting the left hand. The injured worker also complained of having some pain in the left shoulder and difficulty sleeping on the left shoulder. On physical exam dated on 11/13/2013 there was tenderness in the left paracervical muscles, the left trapezius muscles, left rhomboid muscles, and there are trigger points in the left trapezius muscle s. Also noted was a decrease sensation in the left ventral aspect of the thumb and first two and half digits. The medications not documented on clinical visit 11/13/2013. The injured worker diagnoses are left cervical strain, question of left cervical radiculopathy versus question of left carpal tunnel syndrome, left rotator cuff impingement, and left partial rotator cuff tear. The treatment plan was for Omeprazole 20mg number 100. The injured worker's treatments/diagnostics were an ultrasound guided injection of lidocaine and kenlog to the right shoulder dated on 12/03/2013, and an MRI of the neck and cervical spine dated 11/18/2013, impression was C5-6 left paracentral protrusion measuring 4cm impinging on the cervical cord, and C6-7 paracentral discosteophyte complex 2.5mm indenting the anterior cord surface. The authorization form was not submitted for review

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, and Anti-inflammatory medications Page(s): 68-69, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The request for Omeprazole 20mg number 100 is non-certified. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Clinicians should determine if the patient is at risk for a gastrointestinal event such as, age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high doses of NSAID. Recommendations for NSAIDs are for patient with no risk factor and no cardiovascular disease. The above request had no supporting documentation on physical examination findings or diagnosis for gastrointestinal distress/symptoms or side effect from NSAIDs. In addition there was no subjective complaint of gastrointestinal discomfort/distress from the injured worker. As such the request is not medically necessary and appropriate.