

Case Number:	CM14-0040081		
Date Assigned:	06/30/2014	Date of Injury:	11/20/2008
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 58 year old male who reported an injury to his cervical region. The clinical note dated 03/25/14 indicates the injured worker rating the neck pain as 4/10. The injured worker described a constant, dull pain with shooting and tingling sensation in the bilateral upper extremities. The note indicates the injured worker having previously undergone physical therapy, chiropractic manipulation, massage therapy as well as medications and epidural steroid injections. Significant spasms and twitching were identified at the muscle bellies. The injured worker was able to demonstrate 5/5 strength throughout the upper extremities. The note does indicate the injured worker having initiated the use of Prilosec on 05/23/12. The clinical note dated 11/26/13 indicates the injured worker showing range of motion deficits throughout the cervical region. The note indicates the injured worker was able to demonstrate 75% range of motion in all directions. The utilization review dated 03/24/14 resulted in a non-certification for the use of Omeprazole as no information was submitted confirming the injured worker being at risk for a gastrointestinal event.

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 NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age of greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drug use. There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term proton pump inhibitor use of greater than one year has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.