

Case Number:	CM14-0050964		
Date Assigned:	07/07/2014	Date of Injury:	07/05/2005
Decision Date:	08/12/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 Illinois. 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 52-year-old male who reported an injury on 07/05/2005 due to an unknown mechanism. The injured worker had complaints of lower back and bilateral knee pain. Physical examination of the cervical spine on 03/10/2014 revealed negative Spurling's test. Range of motion of the cervical spine revealed flexion was normal and extension was normal. Extension was to 30 degrees and flexion was to 30 degrees. Examination of the lumbar spine/thoracic spine revealed positive tenderness in the paralumbar musculature. Positive tenderness in the parathoracic musculature was noted. Positive muscle spasming in the paralumbar musculature was noted. Range of motion for the lumbar spine was forward flexion was to 60 degrees, forward flexion was to 60 degrees, and extension was to 30 degrees. Rotation to the right and the left was to 30 degrees. Bilateral lower extremities revealed positive straight leg raise, right lower extremity. Diminished sensation, numbness to the lateral aspect of the left thigh. Right shoulder revealed positive Neer's test and positive Hawkin's test. Positive greater tuberosity tenderness. Right lower extremity was positive crepitus and had a positive McMurray's test. Medications for the injured worker were diclofenac XR 100 mg, omeprazole 20 mg, NSAIDs, and tramadol ER. Diagnoses for the injured worker were status post right elbow ulnar nerve transposition, medial epicondylectomy; status post left elbow medial epicondylectomy cubital tunnel release; left knee status post meniscectomy; status post left shoulder arthroscopy, subacromial decompression, and AC joint resection; status post left carpal tunnel release; right shoulder AC joint arthrosis, impingement syndrome; left ankle sprain; right knee medial meniscus tear; radiculitis right lower extremity; and low back pain herniated disc annular tear. Treatment plan for the injured worker was to continue medications and wait for lumbar epidural injections. The rationale and request for authorization were 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 - 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, GI and Cardiovascular risk Page(s): 68.

Decision rationale: The medical necessity for taking this medication was not reported. The medications tried and failed were not reported. The California Medical Treatment Utilization Schedule recommends the patient be over 65 years of age, or have a history of peptic ulcer, GI bleeding or perforation. Proton pump inhibitors are recommended if concurrent use of aspirin, corticosteroids, and/or anticoagulants are being taken. Also, if high dose or multiple NSAIDs are being taken a proton pump inhibitor may help reduce the risk for gastrointestinal events. The injured worker did not have a diagnosis for omeprazole. The request submitted did not indicate a frequency for the medication. The efficacy of the medication was not provided to support continuation. Therefore, the request is not medically necessary.