

Case Number:	CM14-0064136		
Date Assigned:	07/11/2014	Date of Injury:	10/09/2013
Decision Date:	10/02/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/06/2014

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 Physical Medicine and Rehabilitation, 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 40-year-old female with a reported date of injury on 10/09/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical sprain/strain, and cervical radiculopathy. Her previous treatments were noted to include medications. The progress note dated 01/27/2014 revealed complaints of pain, decreased range of motion, myospasm and numbness to the cervical and lumbar spine. The physical examination revealed decreased range of motion and limited due to pain to the shoulder and lumbar spine. The Request for Authorization form was not submitted within the medical records. The request was for Omeprazole 20mg 1x/day #60; however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1x/day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20mg 1x/day #60 is not medically necessary. The injured worker complains of neck and shoulder pain. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine the patient is at risk for gastrointestinal events which include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or using a high dose/multiple NSAIDs. There is a lack of documentation regarding the injured worker using NSAIDs to necessitate the use of Omeprazole. There is a lack of documentation regarding efficacy of this medication and improved functional status. Therefore, the request is not medically necessary.