

Case Number:	CM14-0072953		
Date Assigned:	07/16/2014	Date of Injury:	12/26/2007
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 Management 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 patient is a 48-year-old female who has submitted a claim for degenerative disc disease and presumed disc protrusion of the cervical spine at C5-5, s/p anterior decompression and fusion, bilateral upper extremity radiculitis, right shoulder subacromial impingement syndrome with rotator cuff tear, s/p subacromial decompression and clavicle resection, left shoulder subacromial impingement syndrome, right elbow lateral epicondylitis, left elbow lateral epicondylitis, right wrist pain, left wrist pain, mild to moderate facet spondylosis and possible mild degenerative disc disease with potential disc protrusion at L5-S1 and bilateral lower extremity radiculitis, associated with an industrial injury date of December 26, 2007. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 07/30/2014, showed constant severe neck pain radiating to both arms. It was associated with numbness and tingling sensation. There was severe bilateral shoulder pain associated with clicking, popping, and catching as well as difficulty with overhead use of both arms. There was constant moderate bilateral elbow pain, which was severe especially with any activity. It was radiating down to her ring fingers and her little fingers in both hands. There was severe low back pain radiating on both legs as far as both of her feet associated with numbness and tingling sensation. Physical examination revealed tenderness of the cervical paraspinal muscles and trapezius muscles. There was restricted range of cervical motion. The right shoulder was limited in range of motion with tenderness on the acromioclavicular joint. There was tenderness on the lateral epicondyle of bilateral elbows. There was tenderness on the palmar side and to the dorsal side of bilateral wrist. There was restricted range of lumbar motion with tenderness on the lumbar paraspinal muscles. The review of systems revealed nausea and heartburn, which was controlled with Omeprazole 20mg twice a day. Treatment to date has included cervical decompression and fusion (12/29/2009), right shoulder surgery (03/30/2009), physical therapy, acupuncture, lumbar epidural steroid injection, and medication such as omeprazole since December 2013. Utilization review from 05/14/2014 modified the request from Omeprazole 20mg #60 to Omeprazole 20mg #30 because the patient was currently being prescribed opiates with acetaminophen, which carried an inherent risk of subsequent GI issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Capsule 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age > 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. In this case, patient is on Omeprazole since December 2013. The medical records revealed complaints of nausea and heartburn, which may necessitate a proton pump inhibitor therefore, the request for purchase of Omeprazole 20mg capsule #60 is medically necessary.

