

Case Number:	CM14-0085172		
Date Assigned:	07/23/2014	Date of Injury:	11/13/2013
Decision Date:	09/25/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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 Nevada. 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 records presented for review indicate that this 40-year-old gentleman was reportedly injured on November 13, 2013. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated March 13, 2014, indicates that there are ongoing complaints of cervical spine, thoracic spine, and lumbar spine pain as well as right upper extremity pain. Current medications include Advil and Tylenol. The physical examination demonstrated tenderness along the right side trapezius muscle and decreased range of motion of the right shoulder. There was tenderness along the lumbar spine paravertebral muscles and decreased lumbar spine range of motion. There was a positive left and right side straight leg raise test and decreased sensation at the bilateral L5 and S1 nerve roots. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes surgery for the right forearm and physical therapy. A request had been made for omeprazole and was denied in the pre-authorization process on May 6, 2014.

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 chapter not given.

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of Gastroesophageal Reflux Disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. A review of the attached medical record indicates that there is no indication of a Gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for omeprazole is not medically necessary.