

Case Number:	CM14-0097716		
Date Assigned:	07/28/2014	Date of Injury:	04/30/2013
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 30-year-old male with a 4/30/13 date of injury. At the time (4/10/14) of the request for authorization for 30 capsules of Omeprazole Delayed-Release 20mg with 2 refills, there is documentation of subjective (significant neck pain) and objective (paraspinal muscles are tender to palpation, spasm is present range of motion is restricted, straight leg raise is positive bilaterally, and greater trochanter is tender to palpation) findings, current diagnoses (cervical sprain, lumbar radiculopathy, contusion of hip, and sprains and strains of thoracic region), and treatment to date (medication including chronic NSAID therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Omeprazole Delayed-Release 20mg with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), gastrointestinal symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, lumbar radiculopathy, contusion of hip, and sprains and strains of thoracic region. In addition, given documentation of chronic NSAID therapy, there is documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for 30 capsules of Omeprazole Delayed-Release 20mg with 2 refills is medically necessary.