

Case Number:	CM14-0145241		
Date Assigned:	09/12/2014	Date of Injury:	12/18/2008
Decision Date:	05/01/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 39-year-old who has filed a claim for chronic shoulder, wrist, arm, and neck pain reportedly associated with an industrial injury of December 18, 2008. In a Utilization Review report dated September 4, 2014, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced an RFA form of August 27, 2014, and a progress note of August 15, 2014, in its determination. The applicant's attorney subsequently appealed. On August 16, 2014, the applicant reported ongoing complaints of neck, shoulder, and elbow pain, 5/10. The applicant was working regular duty, it was stated. The applicant reported denied any medications side effect. The applicant was also using a TENS unit, it was further noted. Voltaren, Prilosec, Methoderm, and TENS unit patches were endorsed while the applicant was apparently returned to work. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this occasion. On March 8, 2014 and May 7, 2014, the applicant again denied experiencing any medications side effects. The applicant was described as working full time on those dates. Various medications, including omeprazole, were renewed. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Omeprazole 20mg BID QTY: 60 for the management of continued pain in the left shoulder, right elbow, and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological basis of Therapeutics, 12th ed. McGraw Hill 2010 ODG Workers Compensation Drug formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia either NSAID-induced or stand-alone, on multiple progress notes, referenced above. No rationale for introduction, selection, and/or ongoing usage of omeprazole were set forth by the attending provider. Therefore, the request was not medically necessary.