

Case Number:	CM14-0193290		
Date Assigned:	12/01/2014	Date of Injury:	05/01/2012
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 injured worker is a 47-year-old male involved in a work injury on 5/1/12. The treating physician report dated 10/1/14 (87) indicates the claimant continues to have persistent and more constant neck pain. Records indicate he sleeps without a pillow to avoid neck spasms. The claimant reports that his right hand shakes when holding items. He has difficulty with ADLs. Physical examination reveals equal range of motion in both wrists, positive Phalen's test bilaterally, limited shoulder range of motion bilaterally, moderate neck spasm and trigger points, mild TTP in the SI joints bilaterally. The current diagnoses are: 1. Myofascial sprain cervical spine 2. Myofascial sprain lumbar spine 3. Mild CTS, Bilateral 4. Peripheral neuropathy 5. Impingement syndrome right shoulder 6. Right shoulder sprain 7. Right shoulder arthroscopy 8. Left shoulder strain The utilization review report dated 10/14/14 denied the request for Omeprazole based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: The injured worker presents with persistent neck and back pain, bilateral shoulder pain and limited function, and bilateral wrist pain and decreased function. The current request is for Omeprazole. The California MTUS states "clinicians should weigh the indications for NSAIDs against both GI and CV risk factors. Determine if the person is a risk for GI events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforations; (3) concurrent use of ASA, corticosteroids and/or anticoagulant; or (4) high dose/multiple NSAID." There is no clinical information provided by the treating physician to indicate that the patient is dealing with dyspepsia or has GI issues. This medication is not prescribed simply because a person is using NSAIDs. Therefore the use of Omeprazole by a 47-year-old without any documented risk factors does not meet the criteria for medical necessity based on current guidelines. Although not mentioned by the treating physician, the AME report notes that the IW has a long history of diabetes. This alone is not considered a risk factor for GI events. The requested treatment is not medically necessary and appropriate.