

Case Number:	CM14-0200301		
Date Assigned:	12/10/2014	Date of Injury:	04/25/2012
Decision Date:	01/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 60-year old male with date of injury 04/25/12. The sole treating physician report provided dated 5/1/14 (12) was a mental health progress report which offered no documentation of a physical examination, current medications and/or treatments as well as no discussion of the patient's current subjective complaints regarding the location of pain. The physician states that the patient reports no significant change in his pain or depression. Prior treatment history was not found in any of the documents provided. The current diagnoses per the UR report dated 11/19/14 are: 1. Carpal tunnel syndrome 2. DISPLCMT cervical intervert disc without myelopathy 3. DISPLCMT lumbar intervert disc w/o myelopathy 4. Brachial neuritis or radiculitis NOS 5. Disturbance of skin sensation 6. Injury to cervical nerve root. The utilization review report dated 11/19/14 denied the request for Omeprazole 20mg #60 based on a 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 20mg #60: Upheld

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

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

Decision rationale: The patient presents with pain, a specific location was not documented. The current request is for Omeprazole 20mg #60. The requesting physician's report for the prescription of Omeprazole was not found in the documents provided. Furthermore, there was no documentation of any NSAID use in the only progress report provided dated 5/1/14. The MTUS guidelines state Omeprazole is recommended with precautions, (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 (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. Therefore, Omeprazole 20mg #60 is not medically necessary.