

Case Number:	CM14-0200346		
Date Assigned:	12/10/2014	Date of Injury:	01/26/2011
Decision Date:	03/30/2015	UR Denial Date:	11/12/2014
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. 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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 1/26/11. She has reported low back injury. The diagnoses have included chronic low back pain with radiculopathy, left lower extremity radiculopathy, herniated nucleus pulposus, left shoulder strain, left shoulder impingement and partial rotator cuff tear left shoulder. Treatment to date has included left shoulder injection, oral medications, surgery and physical therapy. (MRI) magnetic resonance imaging of lumbar spine performed on 8/13/13 revealed disc desiccation at L2-3 to L4-5, cystic structure in left adnexa and L4-5 broad based posterior disc herniation causing stenosis of spinal canal. Currently, the injured worker complains of left shoulder pain with loss of motion. Progress note dated 9/23/14 noted she stated she had 80% improvement with surgery and current therapy. Spasms and tenderness of lumbar spine were noted with palpation on 9/23/14. On 11/12/14 Utilization Review non-certified Omeprazole 20mg #60, noting the lack of documentation of gastritis or risk for gastritis. The MTUS, ACOEM Guidelines, was cited. On 11/7/14, the injured worker submitted an application for IMR for review of Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60; dispensed on 10/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and Omeprazole. Therefore is not medically necessary.