

Case Number:	CM14-0205836		
Date Assigned:	12/17/2014	Date of Injury:	02/16/2009
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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: 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:

Patient is a 57 year-old female with date of injury 02/16/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/17/2014, lists subjective complaints as pain in the neck. Objective findings: Examination of the cervical spine revealed range of motion was improved, with less pain. No other physical examination findings were documented by the requesting physician. Diagnosis: 1. Cervical spine multilevel degenerative disc disease and degenerative joint disease 2. Spondylosis anteriorly and posteriorly 3. Chronic cervical spine sprain/strain 4. Cervical radiculitis 5. Status post cervical fusion C4-7. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 11/17/2014. Medication: 1. Omeprazole 20mg, #30 SIG: TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, # 30: 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 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole.