

Case Number:	CM14-0206092		
Date Assigned:	12/18/2014	Date of Injury:	05/29/2013
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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 50 year old male with an injury date on 05/29/2013. Based on the 06/18/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar Strain/Sprain 2. Cervical Strain/Sprain 3. Right knee Strain/Sprain 4. Right shoulder Strain/Sprain According to this report, the patient complains of "still has pain to my mid back, low back, right knee, right shoulder, and right elbow worse with pushing, pulling, reaching, standing, sitting and lifting." Objective findings indicates "tenderness to the right AC subacromial bursa, right medial epicondyle, T8-T12, L3-L5, L/S, right medial lateral joint line of the knee with equivocal Mc Murrays test and decreased ROM." The treatment plan is request for Chiro Treatments, MRI of the Cervical, Lumbar, Rt Knee, Rt Shoulder, Rt Hip, FCMC/Keto creams and drug screening. The patient's work status is to "remain off work until 07/01/2014." There were no other significant findings noted on this report. The utilization review denied the request for Omeprazole 20mg #60 on 11/10/2014 based on the MTUS guidelines. The requesting physician provided treatment report dated 06/18/2014.

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 NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: According to the 06/18/2014 report, this patient presents with pain in the mid back, low back, right knee, right shoulder, and right elbow. The current request is for Omeprazole 20mg #60 but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 06/18/2014 and the utilization review letter in question is from 11/10/2014. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the provider does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.