

Case Number:	CM14-0208706		
Date Assigned:	12/22/2014	Date of Injury:	08/01/2011
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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 31 year-old female with date of injury 08/01/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/30/2014, lists subjective complaints as pain in the right shoulder, neck, and lower back. PR-2 provided for review was handwritten and illegible. Objective findings: Examination of the bilateral shoulders and lumbar spine revealed tenderness to palpation. No other physical examination results were documented by the provider. Diagnosis: 1. Cervical disc disease 2. Cervical radiculitis 3. Right shoulder internal derangement 4. Lumbar radiculopathy 5. Lumbar disc disease 6. Lumbar radiculitis 7. Lumbar facet syndrome. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medication: 1. Omeprazole 20mg, #90 SIG: one p.o. b.i.d.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #90: Upheld

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

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 (GI) events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs) NSAIDs. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. The request is not medically necessary.