

Case Number:	CM15-0107080		
Date Assigned:	06/11/2015	Date of Injury:	03/23/2006
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 3/23/2006. She reported injury while stacking metal onto a cart. The injured worker was diagnosed as status post left shoulder arthroscopy, cervical disc disease, rule cervical radiculitis, bilateral carpal tunnel syndrome and low back pain with herniated lumbar disc. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, epidural steroid injection and medication management. In a progress note dated 4/17/2015, the injured worker complains of pain in the right shoulder and neck. Physical examination showed diminished cervical 6 nerve root distribution, para-lumbar tenderness and positive right shoulder greater tuberosity tenderness. Medications include Diclofenac XR, Omeprazole and Ondansetron. The treating physician is requesting Omeprazole 20 mg #60 as prophylaxis to reduce gastritis from other medications.

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 Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Diclofenac.

Decision rationale: Omeprazole 20 mg # 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria: (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The MTUS states that long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Diclofenac is not recommended by the ODG due to its side effect profile. Furthermore, the patient has been on proton pump inhibitors long term, which is not recommended by the MTUS. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor as the NSAID does not appear medically necessary as well as the fact that proton pump inhibitors are not recommended long term therefore the request for Omeprazole 20 mg # 60 is not medically necessary.