

Case Number:	CM15-0013191		
Date Assigned:	01/29/2015	Date of Injury:	05/02/2000
Decision Date:	04/08/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 60 year old female, who sustained an industrial injury on May 2, 2000. She has reported low back pain, right shoulder pain and neck pain. The diagnoses have included cervical spine spondylosis, degenerative disc disease of the lumbar spine and right rotator cuff tear with arthrosis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies and work restrictions. Currently, the IW complains of low back pain, right shoulder pain and neck pain. The injured worker reported an industrial injury in 2000, resulting in chronic neck, back and shoulder pain. She was treated conservatively and surgically without resolution of the pain. On July 18, 2014, evaluation revealed continued pain. A computed tomography of the lumbar spine and magnetic resonance image of the right shoulder was recommended. Pain medications were renewed. Evaluation on September 19, 2014, revealed continued pain. Pain medications and Prilosec were renewed. On December 23, 2014, Utilization Review non-certified a Omeprazole 20mg #60 x 3 refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of requested Omeprazole 20mg #60 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for omeprazole in the insured congruent with ODG.