

Case Number:	CM15-0145267		
Date Assigned:	08/06/2015	Date of Injury:	07/28/2004
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: California
 Certification(s)/Specialty: Emergency 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 55 year old male with an industrial injury dated 07/28/2004. The injury is documented as occurring when he was hit in the left side by a forklift full with pallets. He indicates he was thrown by the impact approximately 3-5 feet landing on his right side experiencing an injury to his right knee, right shoulder, low back and both feet. His diagnoses included right shoulder impingement (status post-surgery 02/18/05), right knee strain, lumbar strain with left lumbar radiculopathy, cervical sprain and secondary depression and insomnia due to chronic pain. Prior treatment included physical therapy, injections, diagnostics, surgery, TENS and medications. He presents on 06/26/2015 (report dated 06/29/2015) with complaints of right knee pain, right foot pain, low back pain, neck pain and depression due to pain. Physical exam noted left knee was tender over the peripatellar area with mild swelling. There was slight paralumbar muscle spasm and tenderness of the posterior paracervical muscles with mild spasm. Treatment plan included Norco, Ibuprofen, Soma, Omeprazole, lumbar spine and referral to specialty physicians. The treatment request is for Omeprazole 20 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on ibuprofen but UR denied NSAIDs and is recommending against it. Patient was reportedly taking it for dyspepsia. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient, patient should not be on NSAIDs and therefore should no longer need a PPI. Prilosec/Omeprazole is not medically necessary.