

Case Number:	CM15-0169156		
Date Assigned:	09/09/2015	Date of Injury:	11/03/2014
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39-year-old male, who sustained an industrial injury on November 3, 2014. The initial symptoms reported by the injured worker are unknown. The most current diagnoses included headaches, cervical radiculopathy, cervical spine disc protrusion, thoracic spine strain and sprain, lumbar spine sprain and strain, lumbar disc protrusion, lumbar radiculopathy, bilateral shoulder strain and sprain and status post left shoulder surgery in 2001. Treatment to date has included six sessions of physical therapy with good benefit, medication and home exercises. On July 14, 2015, the injured worker complained of bilateral shoulder pain, neck pain, mid back pain and low back pain with radiation to the lower extremities with numbness and tingling. She also reported headaches rated as a 6 on a 1-10 pain scale. Gastrointestinal complaints were not included in the report. The treatment plan included an additional eight sessions of physical therapy, Cyclobenzaprine Hydrochloride, Norco, Omeprazole, Naproxen Sodium, continue home exercises and a follow-up visit. On July 28, 2015, utilization review denied a request for Omeprazole cap 20mg quantity of sixty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg #60 to be taken as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in November 2014 and is being treated for bilateral shoulder pain and pain through the spine with lower extremity numbness and tingling. When seen, there was decreased right shoulder and spinal range of motion. There was lumbar tenderness and positive straight leg raising bilateral. Medications were prescribed. Naproxen and omeprazole were started. In April 2015, an evaluation included a negative past medical history and review of systems was negative for gastrointestinal problems. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and this was an initial prescription for both Naproxen and omeprazole. The prescribing of a proton pump inhibitor such as omeprazole was not medically necessary.