MAXIMUS Federal Services

Case Number:	CM15-0169676		
Date Assigned:	09/10/2015	Date of Injury:	09/01/2009
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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 60 year old male, who sustained an industrial injury on 9/1/09. The injured worker is undergoing treatment for cervicalgia, cervical intervertebral disc displacement and disorders of bursae and tendons in the shoulder region. Medical records dated 5-19-15 through 7-7-15 indicate the injured worker complains of neck and shoulder pain rated 4 out of 10 and 2 out of 10 at best with 6 out of 10 at worst. He reports numbness and tingling in the arms down to the hands. He reports "intermittent heartburn and nausea mitigated by omeprazole." Physical exam notes cervical tenderness to palpation with positive Spurling's sign. There is positive Hawkin's bilaterally with left shoulder positive impingement. Treatment to date has included electromyogram and nerve conduction study (11-4-13) revealing cervical radiculopathy, magnetic resonance imaging (MRI) (7-27-15) revealing cervical degenerative disc disease (DDD), stenosis and disc protrusion and medications with side effects. The original utilization review dated 8-17-15 indicates the request for retrospective (5-19-15 and 7-7-15) omeprazole is non-certified noting lack of indication of clear need for use of proton pump inhibitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg by mouth 1 tab daily #60 (DOS 5/19/15, 7/7/15):
Overturned

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 (non-steroidal anti-inflammatory drugs).

Decision rationale: Retrospective Omeprazole 20mg by mouth 1 tab daily #60 (DOS 5/19/15, 7/7/15) is 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 documentation does indicate that the patient meets the criteria for a proton pump inhibitor as he is on NSAIDS and has heartburn and nausea therefore the request for Prilose is medically necessary.