

Case Number:	CM15-0192640		
Date Assigned:	10/06/2015	Date of Injury:	05/13/2010
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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:

This 64 year old woman sustained an industrial injury on 5-13-2010. Diagnoses include right C7 radiculopathy, cervical disc protrusions, right shoulder rotator cuff syndrome with surgical repair, right medial and lateral humeral epicondylitis, right wrist inflammation and De Quervain's tenosynovitis, right distal radius surgical intervention, lumbar spine myoligamentous strain with radiculitis, lumbar neural foraminal encroachment with foraminal protrusion, and psychiatric diagnoses. Treatment has included oral and topical medications. Physician notes dated 7-15-2015 show complaints of occipital headaches, upper and lower back pain, right shoulder pain and stiffness, numbness of the brachioradialis area of the left forearm and extending into the hands and left index finger, and right wrist pain. the physical examination shows cervical paravertebral tenderness bilaterally with spasms, right trapezius muscle tenderness, "limited range of motion", tenderness to the right shoulder with "limited range of motion", tenderness to the thoracolumbar intervertebral spaces and paravertebral muscles as well as the sacroiliac joints bilaterally and the right sacroiliac notch with "limited range of motion" at the waist. Recommendations include physical therapy (recently approved), spine surgeon consultation, Omeprazole, Tramadol, continue internal medicine care, psychology-psychiatric care, and follow up in six weeks. Utilization Review denied a request for Omeprazole dated 9-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 7/15/15 Omeprazole 20 MG Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

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

Decision rationale: The requested Retro DOS 7/15/15 Omeprazole 20 mg Qty 120, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has occipital headaches, upper and lower back pain, right shoulder pain and stiffness, numbness of the brachioradialis area of the left forearm and extending into the hands and left index finger, and right wrist pain. The physical examination shows cervical paravertebral tenderness bilaterally with spasms, right trapezius muscle tenderness, "limited range of motion", tenderness to the right shoulder with "limited range of motion", tenderness to the thoracolumbar intervertebral spaces and paravertebral muscles as well as the sacroiliac joints bilaterally and the right sacroiliac notch with "limited range of motion" at the waist. The treating physician has not documented medication-induced GI complaints nor GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Retro DOS 7/15/15 Omeprazole 20 MG Qty 120 is not medically necessary.