

Case Number:	CM15-0209520		
Date Assigned:	10/28/2015	Date of Injury:	03/05/2007
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old female, who sustained an industrial-work injury on 3-5-07. She reported initial complaints of neck, upper extremity, and lumbar pain. The injured worker was diagnosed as having status post ulnar nerve decompression surgeries x 2, status post right shoulder surgery, complex regional pain syndrome on the right upper extremity, and neck pain. Treatment to date has included medication, surgery SCS (spinal cord stimulator), and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 6-1-13 that was negative. Currently, the injured worker complains of pain that radiates to the right upper extremity and right lower extremity and neck. Pain was reduced from 10 out of 10 to 4 out of 10 with meds. Medications included Gabapentin, Nalfon, Cymbalta, Norco, Omeprazole, and Celebrex. Per the primary physician's progress report (PR-2) on 9-25-15, exam notes tenderness with palpation to neck, normal range of motion; right elbow surgical incision is intact with slight decreased range of motion; right shoulder surgical incision is intact with slight decreased range of motion and positive impingement; back inspection shows slight tenderness on the right lower back, normal range of motion; decreased grip strength with the right hand; sensation is decreased to the right upper extremity with hypersensitivity; and normal gait and posture. The Request for Authorization requested service to include Omeprazole 20mg, delayed release #60 with 1 refill. The Utilization Review on 10-15-15 denied the request for Omeprazole 20mg, delayed release #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, delayed release #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, (NSAIDs, GI symptoms & cardiovascular risk), page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated 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). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." The cited records from do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is for non-certification for the requested Prilosec. The request is not medically necessary.