

Case Number:	CM15-0020998		
Date Assigned:	02/10/2015	Date of Injury:	02/24/2011
Decision Date:	04/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/03/2015

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: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 2/24/11. The injured worker reported symptoms in the neck and back. The diagnoses included cervical disc disease, lumbosacral strain and right shoulder strain. Treatments to date include home exercise plan, oral pain medications, ice/heat therapy. In a progress note dated 12/2/14 the treating provider reports the injured worker was with "neck and lower back pain". On 12/29/14 Utilization Review non-certified the request for Omeprazole 20 milligrams quantity of 60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for omeprazole 20 mg #60. The MTUS Guidelines, pages 68 and 69, states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Ages greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticoid and/or anticoagulant. 4. High dose/multiple NSAID. Review of the medical file indicates that the patient's current medication regimen includes gabapentin, Flexeril, Mentoderm, lorazepam, and omeprazole. In this case, the patient is not utilizing an anti-inflammatory, and there is no documentation of dyspepsia or GI issues to warrant the use of omeprazole. Routine prophylactic use of PPI without documentation of gastric issues is not supported by MTUS Guidelines without GI assessment. The requested omeprazole is not medically necessary.