

Case Number:	CM15-0031765		
Date Assigned:	02/25/2015	Date of Injury:	01/08/2001
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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, 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 58 year old female who sustained an industrial injury on 01/08/2001. Diagnoses include multilevel cervical stenosis and neural foraminal narrowing with bilateral upper extremity radicular pain, chronic lumbar strain and disc herniation, headaches and psychiatric complaints, and post-traumatic stress and anxiety, psychological complaints and cognitive issues. Treatment to date has included medications and physical therapy. A physician progress note dated 01/06/2015 documents the injured worker has persistent neck pain rated 8 out of 10 and it is frequent and radiates to the bilateral upper extremities. She also complains of pain in the lower back with is rated 8 out of 10 and is constant and radiates to the bilateral legs. She is also having panic attacks and difficulty sleeping. The injured worker has decreased range of motion and tenderness to the paraspinal in the lumbar spine. There was positive Kemp's sign bilaterally. There was positive straight leg raise on the right at 70 degrees to the posterior thigh. Treatment requested is for a prescription for Omeprazole 20mg # 30. On 01/22/2015 Utilization Review non-certified the request for Omeprazole 20mg # 30 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg # 30 between 1/6/15 and 3/21/15: 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 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.