

Case Number:	CM15-0034394		
Date Assigned:	03/02/2015	Date of Injury:	07/09/2013
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 59 year old female, who sustained a work related injury on 9/7/13. She slipped and head, neck and right shoulder struck frame of bathroom. The diagnoses have included tension headaches, cervical sprain/strain with myofasciitis, bilateral shoulder sprain/strain, right wrist median neuropathy and right thumb metacarpophalangeal joint, ulnar collateral ligament sprain. Treatments to date have included MRI cervical spine on 4/2/14, NCS/EMG bilateral arms on 6/3/14, cervical epidural steroid injection on 2/3/15, oral medications, Voltaren gel and work restrictions. In the PR-2 dated 1/21/15, the injured worker complains of constant neck pain. She has limited range of motion in neck. The pain is made worse with movement. She has tenderness to touch in cervical neck musculature. She complains of bilateral shoulder pain. This pain is occasional and increased with repetitive movement. She has tenderness to palpation of both shoulder joints. She complains of bilateral wrist and hand pain. She has decreased range of motion in wrists and hands. She has tenderness to palpation of right wrist and hand. On 2/11/15, Utilization Review non-certified a request for Omeprazole 40mg., #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: This patient presents with neck, bilateral shoulder and bilateral wrist/hand pain. The current request is for OMEPRAZOLE 40MG #30. The Request for Authorization is dated 2/5/15. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for Omeprazole, the patient is using a topical NSAID but there is no indication that he is using an oral NSAID. In addition, the treating physician has not included any complaints of GI upset to substantiate such a medication. Therefore, the request IS NOT medically necessary.