

Case Number:	CM15-0042719		
Date Assigned:	03/12/2015	Date of Injury:	01/25/2013
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/06/2015

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: Preventive Medicine, Occupational 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 52 year old male sustained a work related injury on 01/25/2013. According to a progress report dated 02/05/2015, the injured worker was seen in follow up for complaints of upper and mid back pain. A symptom update noted intermittent pain on right side of low back x 9 months and intermittent shaking in extremities x 4 with weakness for 5-10 minutes since date of injury. Neck/upper-mid back pain was intermittent, throbbing/tightness, worse with activity and occasionally radiated to hands bilaterally with numbness while sleeping. The injured worker also reported dizziness and frequent pressure headaches with photophobia. Medications included Naproxen, Gabapentin, Cyclobenzaprine and Omeprazole. The provider noted no gastrointestinal side effects from meds. Diagnoses included cervical sprain/strain neck, thoracic sprain/strain and adjustment disorder. Medications refilled/dispensed included Naproxen, Gabapentin, Omeprazole and Cyclobenzaprine. The treatment plan also included home exercise program and TENS unit and continue chiropractic exercises. The injured worker was to remain off work until 03/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Omeprazole 20mg #60 (DOS: 02/05/2015): 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 and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines do not support the routine use of Proton Pump Inhibitors (Omeprazole) unless there are specific risk factors or symptoms present. None of the Guideline mentioned risk factors and/or symptoms are present. In addition, if Omeprazole is indicated and usual and customary dose of 20mg. per day is supported by Guidelines. This individual is being recommended 40mg. per day (#2 20mg per day) without justification. These are not benign drugs with long-term use associated with increased fractures, lung infections and biological mineral dysregulation. Under these circumstances, Guidelines do not support Omeprazole 20mg #60, it is not medically necessary.