

Case Number:	CM15-0046042		
Date Assigned:	03/18/2015	Date of Injury:	07/24/2002
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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 55-year-old female, who sustained an industrial injury on July 24, 2002. The injured worker had reported a chest wall injury with pain radiating to the back. The diagnoses have included sternal region/anterior chest wall/chest xiphoid region pain and a history of a sternal fracture. Treatment to date has included medications, radiological studies, physical therapy and a home exercise program. Current documentation dated February 10, 2015 notes that the injured worker complained of persistent chest wall pain with intermittent popping which was associated with upper extremity activities. Physical examination revealed spasms and minimal tenderness of the sternal region. Strength and sensation was noted to be normal in the bilateral upper extremities. The treating physician's recommended plan of care included Omeprazole 20 mg # 30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The 55 year old patient presents with chest wall pain, rated at 4/10, as per progress report dated 02/10/15. The request is for OMEPRAZOLE 20 mg # 30 WITH 3 REFILLS. The RFA for the case is dated 08/12/14, and the patient's date of injury is 07/24/02. The patient has a history of sternal fracture, and has been diagnosed sternal region/anterior chest wall/chest Xyphoid region pain, as per progress report dated 02/10/15. Medications included Tramadol and Omeprazole. The patient has returned to modified work, as per the same progress report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription of Omeprazole is noted in progress reports dated 12/30/14 and 02/10/15. Prior reports documented the use of Nexium. Progress report dated 12/30/14 also documents the use of Meloxicam (NSAID), and states that Omeprazole "helps." In progress report dated 02/10/15, the treating physician says the medication is for reflux. In progress report dated 11/07/14, the treating physician states that "Omeprazole helps for pain along with anti-inflammatory medications." Given the GI symptoms and the efficacy of Omeprazole, the request is reasonable, and IS medically necessary.