

Case Number:	CM15-0051078		
Date Assigned:	03/24/2015	Date of Injury:	10/22/2004
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

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 10/22/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having degenerative disc disease of the cervical spine with radiculopathy, degenerative disc disease of the lumbar spine with radiculopathy, cervical stenosis, and lumbar stenosis. Treatment to date has included medication regimen and home exercise program. In a progress note dated 11/21/2014, the treating provider reports complaints of an increase in right sided neck pain that radiates a shooting pain and numbness into the bilateral upper extremities to the finger tips and hands, with a pain rating of a six out of ten that causes the injured worker to occasionally drop items that she is holding secondary to pain. The injured worker also complains of constant aching low back pain that radiates with pain and numbness to the groin and into the feet of the bilateral lower extremities. The treating physician also indicated cramping and pins and needles that occurs to the bilateral knees. On 11/21/2014, the treating physician requested Omeprazole 20mg with a quantity of 120. The documentation provided also included a medication record from the treating physician noting a request 11/21/2014 for Omeprazole 20mg capsules with a quantity of 60. The documentation provided by the treating physician did not indicate the specific reason for the request of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20 mg #60 with 2 refills with a dos of 11/21/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in October 2014, and continues to be treated for neck and radiating low back pain. Medications include Relafen, with the treating provider documenting medication induced gastritis. Guidelines recommend consideration of a proton pump inhibitor such as Omeprazole for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Relafen at the recommended dose and has a history of gastrointestinal upset. Therefore, the requested Omeprazole is medically necessary.