MAXIMUS Federal Services

Case Number:	CM15-0081986		
Date Assigned:	05/04/2015	Date of Injury:	03/01/2012
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 3/1/12. Initial complaints were not reviewed. The injured worker was diagnosed as having cervicalgia with myofascial pain; status post cervical spine C4-C7 ACDF (8/14/13); cervical spine sprain/strain; cervical radiculopathy; status post right carpal tunnel release with residual symptoms; lumbar sprain/strain with persistent low back pain; depression; insomnia. Treatment to date has included acupuncture; physical therapy; cervical epidural steroid injections (5/30/13); acupuncture; medications. Currently, the PR-2 notes dated 4/6/15 indicated the injured worker complains of symptomatic neck pain, intermittent numbness and tingling in both hands. She denied active radicular symptoms shooting in the eight upper extremities. She also has persistent low back pain that radiates into the upper sacral region. There is no lower extremity radicular symptoms but complains of pain over the mid thoracic region near the bra line. She is a status post C4-C7 ACDF of 8/14/13 and a cervical epidural steroid injection of 5/30/13 with aggravation of symptoms. She has completed physical therapy and acupuncture. There is a noted history of lumbar epidural injection with benefit. She also has trialed various medications with a history of nausea and GI symptoms. Her current pain levels with medications is 7/10 and without 9-10/10. She indicates up to 40% improvement in pain and function with medications. She attempts to reduce medications as much as possible. She notes she is able to perform activities of daily living including her work duties up to 30 hours per week at two different sites. She demonstrates no drug seeking behavior; has signed a pain medications agreement and continues to demonstrate compliance through random drug screenings. The provider has included this medication in his treatment plan: Omeprazole 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had been on Omeprazole for several months in combination with opioids without indication of the above. Therefore, the continued use of Omeprazole is not medically necessary.