

Case Number:	CM15-0083804		
Date Assigned:	05/06/2015	Date of Injury:	03/26/2014
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

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:

The injured worker is a 50 year old male who sustained a work related injury March 26, 2014. While training in a locked down psychiatric unit, he was attacked and beaten, with temporary loss of consciousness. He reported bruises and laceration to his arms, blurry vision, and an immediate onset of neck, head, nose, thumbs, rib, and back pain. He was informed in the emergency department of a sustaining a concussion. Treatment has included acupuncture, medication (prescribed and over-the-counter), tetanus vaccination, psychology assessment and provided a neck brace. The primary treating physician's report, dated March 26, 2015, the injured worker complained of frequent migraine like headaches associated with neck pain, rated 10/10, and felt head heaviness associated with sensitivity to light and noise. He had pain in his nose with difficulty breathing (April, 2014, ENT physician consulted and CT scan revealed a fractured nose, not treated). He also complained of blurring and redness in eyes, intermittent low back pain, difficulty sleeping, and depression with mood swings. Impression was documented as cervical sprain and lumbar sprain/strain. Treatment plan included physical therapy, ENT consultation for nasal fracture repair, electro diagnostic studies, bilateral upper extremities, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at high risk of a gastrointestinal (GI) bleed such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids or anticoagulants. Otherwise, the MTUS does not recommend prophylaxis with a proton pump inhibitor. This patient is not a high-risk patient for developing gastroesophageal complications from use of NSAIDs nor has a history of chronic NSAID use. Medical necessity for use of this medication has not been established and the request is not medically necessary.