

Case Number:	CM15-0089038		
Date Assigned:	05/13/2015	Date of Injury:	10/31/2012
Decision Date:	06/12/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/08/2015

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 51-year-old male with an industrial injury dated 10/31/2011 to 10/31/2012 (cumulative trauma). His diagnoses included myofascial pain, cervical sprain, thoracic sprain and insomnia. Prior treatments included chiropractic treatment and medications. He presents on 03/04/2015 with pain in the mid back rated as 6 on a 0-10 scale. The injured worker was taking medication but did not feel any improvement as he had just started taking medication a week ago. Medication included Ambien and Fenoprofen. Physical exam of cervical spine noted range of motion was slightly restricted in left rotation. Cervical compression and Spurling test was negative. Thoracic spine was tender at the thoracic paravertebrals with normal extension, lateral flexion and lateral rotation. MRI of the thoracic spine (dated 11/18/2014) showed mild bony endplate degenerative changes present in the mid thoracic spine. No evidence of disc protrusion or central canal stenosis (per provider documentation). Treatment plan included to continue omeprazole for stomach protection, home exercise to tolerance and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg #30 is not medically necessary and appropriate.