

Case Number:	CM15-0089295		
Date Assigned:	05/13/2015	Date of Injury:	05/15/1996
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
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: Internal 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:

This 56 year old male sustained an industrial injury on 5/15/96. He subsequently reported back pain. Diagnoses include lumbalgia, bilateral carpal tunnel syndrome and bilateral rotator cuff injury. Treatments to date include x-ray and MRI testing, multiple orthopedic surgeries, physical therapy, injections and prescription pain medications. The injured worker continues to experience low extremity, neck, bilateral knee and low back pain. On examination, right knee range of motion shows normal extension with pain, decreased internal rotation with pain, decreased internal rotation with pain. Coordination is good, proprioception is good. Positive Farber maneuver left, pain to palpation over the L3-L4, L4-5 and L5-S1 facet capsules bilaterally, pain with rotational extension indicative of facet capsular tears bilaterally was noted. Secondary myofascial pain with triggering, ropey fibrotic banding and spasm was noted. A request for Omeprazole medication was made by the treating physician.

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 NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The primary treating physician's progress report dated 5/4/15 documented that active medications included Naproxen 500 mg, and a refill of Naproxen 500 mg was prescribed. Medical records indicate the long-term use of NSAIDs, which is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole is medically necessary.