

Case Number:	CM15-0089457		
Date Assigned:	05/13/2015	Date of Injury:	06/19/2010
Decision Date:	06/19/2015	UR Denial Date:	04/03/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 65 year old female, who sustained an industrial injury on June 19, 2010. The injured worker reported neck, left shoulder and low back pain. The injured worker was diagnosed as having neck sprain/strain, calcifying tendinitis of left shoulder, left shoulder rotator cuff syndrome and cervical degenerative intervertebral discs. The record documents prior authorization of acupuncture and physical therapy that were not initiated. A progress note dated March 17, 2015 provides the injured worker complains of neck, shoulder and back pain. Physical exam notes guarding of the lumbar spine and cervical through lumbar spinal tenderness. The plan includes naproxen, Prilosec and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing unspecified pain. The documented pain assessments were minimal at best and included almost none of the elements encouraged by the Guidelines. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had increased risk for gastrointestinal events and why a NSAID needed to be continued, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of omeprazole 20mg with two refills is not medically necessary.