

Case Number:	CM14-0109948		
Date Assigned:	08/01/2014	Date of Injury:	12/18/2009
Decision Date:	10/21/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female presenting with chronic pain following a series of work related injury on 10/21/2003-05/12/2010. On 02/18/2014, the injured worker reported neck and back pain. The physical exam showed restricted range of motion in all planes of the cervical spine and lumbar spine moderately restricted in all planes; multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal; trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbosacral paraspinal musculature; decreased sensation to fine touch in the gluteal muscles; pinprick was decreased in the left index and middle fingers; and in the L5 and S1 dermatomes. The injured worker was diagnosed with cervical and lumbosacral radiculopathy, chronic myofascial pain syndrome, cervical and thoracolumbar spine, sprain injury, right shoulder, depression and insomnia, gastritis, secondary to non-steroidal anti-inflammatory drugs (NSAIDs). A claim was made for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: Omeprazole 20mg #60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on non-steroidal anti-inflammatory drugs (NSAIDs) use page 67. Long term use of PPI, misoprostol or Cox-2 selective agents have been shown to increase the risk of hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use. If there are possible gastrointestinal (GI) effects of another line of agent should be used, for example acetaminophen. The injured worker has had long term use with NSAIDs however, gastrointestinal issues are not indicated. Therefore, a PPI to treat NSAID associated gastritis is not indicated and this request not medically necessary.