

Case Number:	CM14-0123109		
Date Assigned:	08/08/2014	Date of Injury:	02/08/2012
Decision Date:	10/06/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 Tennessee. 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 patient is a 49-year-old female who has submitted a claim for cervicalgia and brachial neuritis NOS associated with an industrial injury date of 2/8/2012. Medical records from 2/5/2014 up to 5/29/2014 were reviewed showing constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. The pain is sharp, 7/10, and with radiations to upper extremities. Pain is associated with headaches and tension between the shoulder blades. She notes the pain to be worsening. Physical examination revealed tenderness and spasm over the paravertebral muscles. A positive axial loading compression test was noted. Spurling's maneuver was positive. ROMs were limited due to pain. Treatment to date has included tramadol, acupuncture, and carpal tunnel release. Utilization review from 7/15/2014 denied the request for Omeprazole 20mg, # 120, Body part: lumbar spine, left shoulder, bilateral wrist. The reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Proton Pump Inhibitor.

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, medications such as Omeprazole are recommended for patients with complaints of gastritis, GERD or dyspepsia. Prophylactic use is supported by CA MTUS when specific criteria are met, which include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, it is unclear when the patient started taking omeprazole. As per most recent PR dated 5/29/2014, there is no documentation of the patient taking any medications, specifically NSAIDs to warrant this request. Furthermore, there was no evidence in the history and physical exam of gastrointestinal signs and symptoms. Moreover, the patient is <65 years old. Therefore the request for Omeprazole 20mg #120 is not medically necessary.