

Case Number:	CM14-0136238		
Date Assigned:	09/03/2014	Date of Injury:	07/19/2007
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 62 year old female who sustained multiple injuries on 07/19/07. She is reported to have injuries to the bilateral posterior neck and bilateral low back. The mechanism of injury was not described. There was a suggestion that this was secondary to a fall. The most recent clinical notes indicated that the injured worker reports 2/10 pain for the posterior neck and 6/10 for the bilateral low back. Her worst pain over the past week had been 10/10 for both the neck and low back. Her pain when taking medications was 4/10 in bilateral posterior neck and 3/10 for the bilateral low back. She further reported difficulties with activities of daily living. She was provided prescription for omeprazole to treat GI irritation and reflux. The injured worker underwent a transforaminal epidural steroid injection bilaterally at C5-6 on 03/07/14. Her review of systems was negative. On physical examination she was well developed and well nourished. She was able to sit comfortably on the exam table. Her GI examination was unremarkable. Cervical spine range of motion was reduced. She had moderate tight bands and mild spasm with mild hypertonicity and tenderness along the bilateral cervical paraspinal musculature. On examination of lumbar spine straight leg was negative, facet loading maneuvers were negative and sensation was diminished in the bilateral C5 distribution. There was reported to be trace weakness on shoulder external rotation, internal rotation and elbow flexion. Reflexes were diminished at the bilateral biceps. She has post-laminectomy syndrome of the cervical spine and lumbar spines. Utilization review determination dated 08/13/14 non-certified Omeprazole delayed release 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed Release 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: The request for Omeprazole delayed release 20mg is not medically necessary. The submitted clinical records indicate that the injured worker has chronic neck and low back pain for which she takes multiple medications. The clinical records provide absolutely no data establishing that the injured worker has medication induced gastritis. Her gastrointestinal examination was normal. There is no other clinical data establishing that the injured worker has Sequela from the use of oral medications and therefore medical necessity has not been established.