

Case Number:	CM14-0142100		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/14/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 39-year-old male with a reported injury on 05/29/2010. The mechanism of injury was that he jumped out of the way of falling boxes and landed awkwardly. The injured worker's diagnoses included cervical spondylosis and neck pain. The injured worker's past treatments included medications, rest, and physical therapy. The injured worker's diagnostic testing included lumbar MRIs on 07/20/2010, on 10/01/2011, and on 08/29/2013. He has also had MRIs of his left knee and cervical spine. The injured worker's surgical history included a right knee arthroscopy and an L4-5 decompression. The injured worker was evaluated for lumbar spine and neck pain on 07/28/2014. The physical examination did not note any gastrointestinal complaints or distress. The injured worker's medications included Naprosyn, Prilosec, tramadol, and Norco 10/325 mg. A request was received for omeprazole DR 20 mg. No rationale for this request was provided. The Request for Authorization form was submitted on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS.

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

Decision rationale: The injured worker did not complain of any gastrointestinal distress. The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID medications who are shown to be at increased risk for gastrointestinal events or for those with complaints of dyspepsia secondary to NSAID use. The injured worker was noted to be taking Naprosyn and the submitted documentation revealed that he has been taking Prilosec since at least 02/23/2012. However, there is no documentation indicating that has significant risk factors for gastrointestinal events or that he has had complaints of dyspepsia related to his use of NSAIDs. In the absence of documentation showing a clear indication for use of a proton pump inhibitor in addition to his NSAID therapy, the request is not supported. Additionally, the request does not include a frequency of dosing or the quantity to be dispensed. Therefore, the request for Omeprazole DR 20 mg is not medically necessary.