

Case Number:	CM14-0143214		
Date Assigned:	09/10/2014	Date of Injury:	05/21/2008
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and 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 44-year-old female who reported an injury on 05/21/2008 due to a fall while entering the break room at work. The injured worker had a history of shoulder pain and upper, middle, and lower back pain. The diagnoses include cervical disease, thoracic sprain/strain, lumbar degenerative disc disease, and superior glenoid labral lesions. Prior treatments included injections, ultrasound, therapy, and medications. The objective findings revealed decreased range of motion at the cervical, thoracic, and lumbar spine with tenderness to palpate at the lumbar and cervical spine. Medications include trazodone, Paxil, tizanidine, topiramate, omeprazole, and Lenza Patch. The injured worker rated her pain 8/10 using the visual analog scale (VAS). The treatment plan included omeprazole 20 mg. The Request for Authorization dated 09/10/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Omeprazole 20 mg for DOS 7/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Page(s): 69.

Decision rationale: The request for Retrospective review of Omeprazole 20 mg for DOS 7/22/14 is not medically necessary. The California MTUS recommend H2 receptor antagonists for treatment of dyspepsia, secondary to non-steroidal anti-inflammatory therapy. The guidelines indicate proton pump inhibitors may be recommended for injured workers with dyspepsia, secondary to non-steroidal anti-inflammatory therapy, or if they are at moderate to high risk for gastrointestinal events. The clinical notes did not indicate that the injured worker had a diagnosis or history of gastrointestinal issues. The physical examination did not indicate the injured worker had any complaints of gastrointestinal issues. The request did not indicate the frequency or duration. As such, the request is not medically necessary.