

Case Number:	CM14-0143969		
Date Assigned:	09/12/2014	Date of Injury:	12/30/2012
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine 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 42-year-old female who has submitted a claim for myofascial pain, associated with an industrial injury date of 12/30/12. Medical records from February 2014 to August 2014 were reviewed. Patient started to notice pain when she pulled a bag of containers from a rack. According to the patient, pain was cumulative. On pain drawing, the patient drawn pain in the neck and right shoulder anteriorly and posteriorly and right upper extremity, elbow, and wrist. The pain was constant, cramping, shooting, and tingling. Weakness, numbness, swelling, color changes, and limitation of movement were also noted. Pain rating was 8 over 10. Without pain management, it was 10. Physical examination of the right shoulder revealed diffuse tenderness anteriorly and posteriorly. Sulcus and impingement signs were negative. There was also tenderness in the cervical spine and paraspinal muscle. Spurling and Adson were negative. There was stiffness and spasm. Range of motion was painful, but within normal limits. Electromyography-Nerve Conduction Studies, dated 05/07/14, revealed normal results. Treatment to date has included Tylenol, Ultracet, Nabumetone, Zanaflex, Relafen, Prilosec (since February 2014), physical therapy, and acupuncture. The Utilization review from 08/25/14 denied the retrospective request (DOS: 3/7/14) for Omeprazole #60, one refill, due to lack of gastrointestinal symptoms or of increased gastrointestinal risks. There is no gastrointestinal diagnosis. There is no documentation that mentioned any gastrointestinal risks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 3/7/14) for Omeprazole #60 (one refill): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk, Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that clinicians should weigh the indications for NSAIDs against both gastrointestinal and cardiovascular risk factors: age > 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Omeprazole since February 2014. The patient is also in high dose/multiple NSAID therapy. Guideline criterion for PPI use was met. Therefore, the retrospective request (DOS: 3/7/14) for Omeprazole #60, one refill, is medically necessary.