

Case Number:	CM14-0148315		
Date Assigned:	09/18/2014	Date of Injury:	10/14/2012
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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:

This 60 year-old patient sustained an injury on 10/14/12 while employed by [REDACTED]. Request(s) under consideration include Omeprazole DR 20 MG. Diagnoses include Cervical C7 radiculopathy; lumbar radiculopathy; cervical, thoracic, and lumbar strains; multilevel cervical and lumbar disc protrusions; and carpal tunnel syndrome. Medications list Tramadol, Diclofenac, Omeprazole, and Cyclobenzaprine. Conservative care has included medications, chiropractic treatment, physical therapy, epidural steroid injection (L5-S1 ESI on 5/22/14 with noted 80% improvement), and modified activities/rest. Report of 2/21/14 from the provider noted patient with chronic neck pain. Exam showed negative Spurling's, no cervical spasm, with intact DTRs 2+ and motor strength of 5/5 to the upper extremities. Treatment included ESI and cervical decompression/ fusion surgery. Review of 3/13/14 had non-certified request for cervical decompression/ fusion. Report of 6/6/14 from the provider noted brief exam findings of patient walking comfortably, gait antalgic with obese abdomen. No other exam findings documented. Report of 7/25/14 from the provider noted ongoing chronic symptoms of neck and low back with unchanged exam findings. The request(s) for Omeprazole DR 20 MG was non-certified on 8/15/14 citing guidelines criteria and lack of medical necessity.

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 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 60 year-old patient sustained an injury on 10/14/12 while employed by [REDACTED]. Request(s) under consideration include Omeprazole DR 20 MG. Diagnoses include Cervical C7 radiculopathy; lumbar radiculopathy; cervical, thoracic, and lumbar strains; multilevel cervical and lumbar disc protrusions; and carpal tunnel syndrome. Medications list Tramadol, Diclofenac, Omeprazole, and Cyclobenzaprine. Conservative care has included medications, chiropractic treatment, physical therapy, epidural steroid injection (L5-S1 ESI on 5/22/14 with noted 80% improvement), and modified activities/rest. Report of 2/21/14 from the provider noted patient with chronic neck pain. Exam showed negative Spurling's, no cervical spasm, with intact DTRs 2+ and motor strength of 5/5 to the upper extremities. Treatment included ESI and cervical decompression/ fusion surgery. Review of 3/13/14 had non-certified request for cervical decompression/ fusion. Report of 6/6/14 from the provider noted brief exam findings of patient walking comfortably, gait antalgic with obese abdomen. No other exam findings documented. Report of 7/25/14 from the provider noted ongoing chronic symptoms of neck and low back with unchanged exam findings. The request(s) for Omeprazole DR 20 MG was non-certified on 8/15/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole DR 20 MG is not medically necessary and appropriate.