

Case Number:	CM14-0148587		
Date Assigned:	09/18/2014	Date of Injury:	03/07/2014
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
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 Illinois. 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 47-year-old female with a reported date of injury on 03/07/2014. The mechanism of injury was not noted in the records. The injured worker's diagnoses included cervical degenerative disc disease, shoulder injury, and elbow sprain/strain. The injured worker's past treatments included pain medication and physical therapy. The injured worker's diagnostic testing included an EMG, and it was noted to reveal right sided C6 cervical radiculopathy. There is no relevant surgical history noted in the records. The subjective complaints on 08/19/2014 included constant right shoulder, neck and right elbow pain with numbness and weakness in her right upper extremity. The injured worker feels that her pain is increasing, and currently the pain is rated 6/10. The objective physical exam findings noted tenderness to palpation to cervical paraspinal muscles, and diffuse tenderness to palpation and suprainfraspinatus area in the right shoulder. The injured worker's medications included diclofenac 100 mg ER, omeprazole 20 mg, topiramate 25 mg, and Menthoderm ointment. The treatment plan is to continue and refill medications. A request was received for omeprazole 20 mg quantity of 60. The rationale for the request was not provided in the records. The Request For Authorization form was dated 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

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

Decision rationale: The California MTUS Guidelines recommend omeprazole for patients taking NSAIDs who are shown to be at increased for gastrointestinal events, or who have complaints of dyspepsia related to NSAID use. The notes document that the injured worker is on the NSAID; however, there is no documented evidence that she is at increased risk for gastrointestinal events, or has documented complaints of dyspepsia related to the NSAID use. As there is no documentation that the injured worker is at risk for gastrointestinal events or has complaints of dyspepsia related to NSAID use, the request is not supported by the guidelines. As such the request for Omeprazole 20mg quantity #60 is not medically necessary.