

Case Number:	CM14-0179314		
Date Assigned:	11/03/2014	Date of Injury:	07/18/2011
Decision Date:	12/09/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/28/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 50 year old with an injury date on 7/18/11. Patient complains of persistent cervical pain rated 4/10, chest wall pain rated 6/10, and lower back pain rated 3/10 per 8/26/14 report. Patient prefers conservative treatment for now, and states repetitive activity aggravates pain per 8/26/14 report. Based on the 8/26/14 progress report provided by [REDACTED] the diagnoses are: 1. chest wall pain 2. lower back pain 3. mid thoracic pain 4. neck pain 5. s/p right rotator cuff repair 6. s/p thoracic and lumbar fusion 7. s/p thoracotomy and tracheal repair 8. s/p ORIF right femur fracture. Exam on 8/26/14 showed "limited mobility in thoracic and lumbar spine." Patient's treatment history includes multiple surgeries for right femur fracture, thoracic spine, and right shoulder and for thoracotomy. [REDACTED] is requesting omeprazole 20mg #30 with 3 refills. The utilization review determination being challenged is dated 9/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/6/14 to 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, for Prilosec.

Decision rationale: This patient presents with neck pain, chest wall pain, and lower back pain. The treating physician has asked for OMEPRAZOLE 20mg #30 with 3 refills on 8/26/14 "for reflux associated with medications." Patient does not have a history of taking Prilosec, but was taking Pantaprazole on 8/26/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications do include an NSAID (diclofenac). However, the treating physician does not provide GI assessment to warrant a prophylactic use of an PPI. While the treating physician states that this medication is used for "reflux associated with medications," there is no documentation on the reports as to how the patient is doing with the PPI, and it's efficacy. The patient has been taking a PPI for 6 months, and the treating physician does not discuss why this medication should be continued. The request is not medically necessary.