

Case Number:	CM14-0181541		
Date Assigned:	11/06/2014	Date of Injury:	08/27/2003
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 49 year old female who sustained an industrial injury on 08/27/2003. The mechanism of injury was repetitive work. Her diagnoses include headache, neck pain, bilateral upper extremity pain and bilateral shoulder pain. She continues to complain of neck pain and heartburn due to her medications. On exam there is pain with cervical range of motion. Motor and sensory exams are normal. Treatment has included medications, physical therapy and use of a TENS unit. The treating provider has requested Omeprazole 20 mg # 60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60 with two refills: Overturned

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

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

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is documentation indicating the patient has GI distress symptoms related to her medications relieved with Omeprazole therapy. The usual GI risk factors requiring proton pump inhibitor

therapy include: age greater than 65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Omeprazole has been established. The requested medication is medically necessary.