

Case Number:	CM14-0084517		
Date Assigned:	07/23/2014	Date of Injury:	12/21/2010
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/06/2014

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:

This 39 year old patient had a date of injury on 12/21/2010. The mechanism of injury was not noted. In a progress noted dated 4/10/2014, subjective findings included the patient remains in significant pain, and no significant improvement since last exam. On a physical exam dated 4/10/2014, objective findings included paravertebral muscles tender and spasms present in cervical spine. . Range of motion id decreased in flexion/abduction plane by 20% in left shoulder. Diagnostic impression shows derangement of joint not otherwise specific of shoulder, sprains and strains, myalgia and myositis. Treatment to date: medication therapy, behavioral modification. A UR decision dated 5/2/2014 denied the request for Omeprazole DR 20mg #30x2, stating that there is no indication the patient is at risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 MG #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In a progress note dated 5/2/2014, the patient is noted to be on Ketoprofen 75mg 1 bid#60 x2, an NSAID. NSAIDS are known to cause gastrointestinal events, and proton pump inhibitors would be indicated for prophylaxis in this case. Therefore, the request for Omeprazole 20mg #30 times 2 refills is medically necessary.