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| Case Number: | CM14-0092761 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 11/21/2013 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female who has submitted a claim for lumbar strain, neck sprain, contusion on left knee, head contusion, left shoulder sprain; associated with an industrial injury date of November 21, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant low back pain, rated at 7 out of 10, radiating down her left foot. Prolonged standing, sitting and walking, exacerbates the pain. There is also intermittent left knee pain, rated at 1 out of 10. As well as shoulder pain, bilateral, left greater than the right, rated at 5-6 out of 10. Shoulder pain radiates to right wrist and fingers with limited range of motion. The patient also complains of bilateral wrist pain, rated at 5 out of 10. There is numbness, tingling and weakness in both hands. There is also pain in the cervical spine, rated at 5 out of 10, exacerbated by neck rotation. Patient also complains of headaches and insomnia. Physical examination revealed tenderness to palpation over the cervical spine, bilateral shoulders and bilateral wrists. Positive Apley's on the right shoulder was noted. Positive McMurray's on the left knee was noted as well. Patellar tendon on the left knee was tender on palpation. Cervical and lumbar spine displayed limited range of motion. Treatment to date has included physical therapy, oral medications and opioid analgesics. Utilization review from June 9, 2014 denied the request for Omeprazole 20mg #60 because medical records failed to document a gastrointestinal complaint for which Omeprazole would be indicated. Current medical records do not document risk factors that would support the use of the requested medication within MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Ris Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, Prilosec was being prescribed since at least November 2013 (10 months to date). However, there was no gastrointestinal complaint to warrant a PPI. Patient likewise did not meet any of the aforementioned GI risk factors. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.