

Case Number:	CM14-0158099		
Date Assigned:	10/01/2014	Date of Injury:	01/08/2011
Decision Date:	01/05/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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:

The patient is a 61-year-old female who has submitted a claim for lumbar disc degeneration, status post right shoulder arthroscopy and depression associated with an industrial injury date of 1/8/2011. Medical records from 2014 were reviewed. The patient complained of low back pain and right shoulder pain rated 6/10 in severity. The pain radiated to the left lower extremity aggravated by sitting and forceful activities. Physical examination showed tenderness at the lumbar spine and right trapezius. Range of motion of the lumbar spine was limited. Both Neer's and Hawkin's tests were positive on the right. Sciatic nerve stretch test was negative bilaterally. Treatment to date has included right shoulder arthroscopy, exercise program, acupuncture, Chiropractic care, Naproxen, Ultram, Flexeril and Norvasc. The utilization review from 9/2/2014 denied the request for Omeprazole 20mg, #30 because of no gastrointestinal risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain NSAIDs GI Symptoms & Cardiovascular Risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient is a 60-year-old female without any subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of a PPI. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for omeprazole 20mg, #30 is not medically necessary.