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| Case Number: | CM14-0056358 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 06/18/2013 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 04/25/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old man sustained an industrial injury on 6/18/2013 to his head, neck, upper back, and right shoulder after being hit by a falling pipe. Evaluations include brain and right shoulder MRI dated 10/15/2013, cervical spine MRI dated 2/26/2014, chest x-ray dated 6/18/2013, and cervical spine CT scan dated 6/18/2013. Diagnoses include shoulder pain, cervical radiculopathy, post-concussive syndrome, thoracic pain, and lumbar radiculopathy. Treatment has included oral medications, pain coping skills group, and physical therapy. Physician notes dated 4/9/2014 show complaints of right shoulder pain rated 4.5/10 with medications and 7.8/10 without medications. Further complaints include progressive dizziness, headaches, and memory loss. Recommendations include hold Naproxen, continue other medications per current regimen including Ultracet, Omeprazole, and Gabapentin, trial Rozerem, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 68-9.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. The medical records do not indicate that the patient has any gastrointestinal history to warrant this PPI. Given this, this request is not medically necessary.