

Case Number:	CM14-0097604		
Date Assigned:	07/30/2014	Date of Injury:	09/26/2013
Decision Date:	08/26/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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: Preventive Medicine, Occupational Medicine

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 injured worker is a 45 year old male with an industrial injury dated 09/25/2013. His diagnoses included sprain of shoulder and upper arm, memory impairment, pain in eye, temporomandibular joint disorder and chronic back pain. Prior treatment included physical therapy, neuropsychology evaluation and medication. He presents on 05/20/2015 with complaints of pain in eye, chronic back pain, and memory loss, sprain of shoulder and upper arm and sprain of ligament of lumbosacral joint. He continues to note a pressure sensation in the occipital lobe of his head when he coughs. He also complained of headaches. Physical exam revealed normal coordination. Mental status was awake and alert with normal affect. Gait was normal. His current medications were Ibuprofen, Omeprazole and Zorvolex. Medication induced gastritis is documented in the medical records. The treatment request is for Omeprazole 20 mg # 60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60-5 REFILLS: Overturned

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

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

Decision rationale: MTUS Guidelines support the use of proton pump inhibitors (Omeprazole) if there are specific risk factors or GI symptoms associated with medication/NSAID use. The prescribing physician documents the presence of medication related gastritis in several but not all of the treating physician narratives. Although the documentation is not ideal it is adequate to justify the medications use. The Omeprazole 20mg #60-5 refills is supported by Guidelines and is medically necessary.