

Case Number:	CM15-0010528		
Date Assigned:	01/28/2015	Date of Injury:	08/21/2014
Decision Date:	03/20/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/19/2015

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

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 39 year old who sustained an industrial injury on 8/21/14. The injured worker has complaints of lower back and left shoulder pain. His left shoulder pain radiates to the left arm. The documentation noted that his pain is relieved with medication, lying down and relaxing. The injured worker reported that his symptoms have been improving since the injury. There is negative straight leg raise test. The diagnoses have included disorders of bursae and tendons in shoulder regions, unspecified, spine and lumbago. According to the utilization review performed on 1/12/15, the requested Omeprazole 20mg #60 with 1 refill has been non-certified. The criteria/guidelines applied were proton pump inhibitors. The utilization review noted that there was not a prescription for omeprazole indicated and there was a lack of evidence indicating that the injured worker was at risk for any gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 1 refill: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with low back pain and left shoulder pain with radiation into the left arm. The current request is for OMEPRAZOLE 20MG #60 WITH 1 REFILL. The patient has been prescribed Omeprazole since at least 9/10/14. The MTUS Guidelines page 69 has the following regarding PPI, recommended with caution for patients at risk for gastric events: Where age is greater than 65, history of peptic ulcer and GI bleeding or perforation, concurrent use of ASA or corticosteroid and/or anticoagulant, high-dose/multiple NSAID. The treating physician states that this medication is recommended to "decrease the risk of gastrointestinal irritation and as a prophylaxis against peptic ulcer disease," but there is no documentation of dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by MTUS Guidelines without GI risk assessment. The requested Omeprazole IS NOT medically necessary.