

Case Number:	CM15-0011462		
Date Assigned:	02/02/2015	Date of Injury:	06/11/2014
Decision Date:	03/19/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 29 year old female, who sustained an industrial injury on June 11, 2014. She has reported pain in her neck and lower back associated with numbness and weakness. The diagnoses have included degeneration of cervical intervertebral disc, cervical radiculitis and cervical disc displacement. Treatment to date has included diagnostic studies, ice, rest, heat and medications. Currently, the injured worker complains of pain in the neck and left shoulder. The pain is described as dull, achy and stabbing. The pain radiates into the left shoulder and left arm. On January 20, 2015, Utilization Review non-certified Omeprazole 20mg #120, noting the Californai Chronic Pain Treatment Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of Omeprazole 20mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY: 120.00: 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 and cardiovascular risk Page(s): 67-68.

Decision rationale: This 29 year old female has complained of neck and low back pain since date of injury 6/11/14. She has been treated with physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI?s can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.