

Case Number:	CM15-0014497		
Date Assigned:	02/02/2015	Date of Injury:	10/17/2002
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old with an industrial injury dated 10/17/2002. She presents on 12/04/2014 with complaints of neck pain, middle back pain and left shoulder pain. She rates the pain as 6/10. Physical exam noted tenderness of the cervical spine from cervical 3 through cervical 7. Current medications were Naproxen, Pantoprazole, Terocin patch and Tramadol. Diagnosis were myalgia and myositis, thoracic or thoracolumbar disc degeneration, sprains and strains of neck and sprains and strains of thoracic region. Prior treatments include physical therapy, medications and acupuncture. On 01/12/2015 utilization review denied the request for Omeprazole 20 mg # 60. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitor

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are myalgia and myositis not otherwise specified; thoracic or thoraco-lumbar disc degeneration; sprains and strains of neck; and sprains and strains of thoracic region. The progress note dated December 4, 2014 indicates the medications include Naproxen 550 mg; Pantoprazole DR 20 mg; Terocin patch four 4%; tramadol 150 mg CPMP 25 to 75 and Tramadol HCL ER 150 mg capsule. The documentation does not contain comorbidity conditions or past medical conditions compatible with risk factors for gastrointestinal events. Specifically, there is no history of G.I. bleeding, peptic ulcer disease, concurrent use of aspirin, etc. The treating physician (on the same progress note) wrote new prescriptions for Fenoprofen 400mg, and Omeprazole DR 20 mg. There is no indication in the medical record why the treating physician discontinued the Naproxen 550 mg and the pantoprazole. Additionally, there are no clinical indications for a proton pump inhibitor in the medical record. Consequently, absent clinical documentation to support the use of proton pump inhibitor with risk factors for gastrointestinal events, Omeprazole 20 mg #60 is not medically necessary.