

Case Number:	CM15-0119049		
Date Assigned:	07/02/2015	Date of Injury:	07/02/2014
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/19/2015

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, 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:

The injured worker (IW) is a 31-year-old male who sustained an industrial injury on 07/02/2014. Diagnoses include thoracic or lumbosacral neuritis or radiculitis unspecified; crushing injury of multiple sites of the trunk; crushing injury of the shoulder region; closed fracture of the sternal end of the clavicle; closed fracture of cervical vertebra, unspecified level; and disturbance of skin sensation. Treatment to date has included medications and activity modifications. According to the progress notes dated 5/19/15, the IW reported his left arm was improved since his last visit. He still had complaints of upper back and left arm pain. He rated his pain 6/10 without pain medication and 4/10 with medications. On examination, there was tenderness to the cervical and thoracic spine as well as to the right shoulder. Range of motion of the left shoulder was limited in abduction and forward flexion, with a mildly positive drop test on the left. Grip strength was slightly weaker on the left than the right. The anterior left shoulder was painful on flexion. The IW reported allodynia over the posterior axillary line on the left and mild numbness and tingling of the left third, fourth and fifth fingers. The IW was taking one Norco daily for pain. A request was made for Omeprazole 40 mg, #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40 mg #30 times one refill quantity : 1: 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 Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.