

Case Number:	CM15-0129928		
Date Assigned:	07/16/2015	Date of Injury:	01/29/2007
Decision Date:	08/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

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 40-year-old male, who sustained an industrial injury on January 29, 2007. The mechanism of injury was noted to be a traumatic fall. The injured worker has been treated for neck, shoulder and back complaints. The diagnoses have included chronic pain, lumbar sprain, costovertebral joint syndrome, cervical, lumbar disc disease, and a history of a right fibular fracture and left scapular fracture. Treatment and evaluation to date has included medications, radiological studies, chiropractic treatments and physical therapy. Current medications include Norco, Flexeril and Omeprazole. The injured worker was not working. Current documentation dated June 9, 2015 notes that the injured worker reported ongoing thoracic and lumbar spine pain and stiffness. The injured worker was noted to be receiving chiropractic treatments, which were effective. Objective physical examination findings were not provided. The treating physician's plan of care included a request for Omeprazole 20 mg # 60.

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 Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend that clinicians weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors and determine if the patient is at risk for a gastrointestinal event. The MTUS guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor medication (PPI) or a Cox-2 selective agent. Long-term PPI use greater than one year has been shown to increase the risk of hip fracture. The documentation does not indicate a gastrointestinal issue or that the injured worker was at increased risk for a GI event that would support the necessity of proton pump inhibitor medication. The request for Omeprazole is not medically necessary.