

Case Number:	CM15-0063366		
Date Assigned:	04/09/2015	Date of Injury:	11/13/2003
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

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: Emergency 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 44 year old male, who sustained an industrial injury on 11/13/03. The injured worker has complaints of low back, bilateral knee and neck pain. The diagnoses have included right shoulder pain; status post right shoulder subacromial decompression; lumbar facetal pain; right sacroilitis; clinically consistent cervical radiculopathy; bilateral knee pain and insomnia secondary to pain. Treatment to date has included cervical spine X-rays; lumbar spine X-rays; right shoulder X-rays; bone and or joint imaging multiple; electromyography/nerve conduction study of bilateral upper extremities; magnetic resonance imaging (MRI) of the lumbar spine, cervical spine and right shoulder; lumbar epidural steroid injection; right shoulder subacromial injection; right lumbar facet joints steroid injection; right sacroiliac joint injection with steroids; decompression of subacromial space with partial acromioplasty coracoacromial release, right shoulder, arthroscopic; tizanidine for spasms and pain; hydrocodone for break through pain and omeprazole for reflux due to medication use. The request was for omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on an NSAID. There is no documentation of prescription or over the counter NSAID use. With no NSAID use, MTUS guidelines do not recommend PPI use. Prilosec/Omeprazole is not medically necessary.