

Case Number:	CM15-0064168		
Date Assigned:	04/10/2015	Date of Injury:	07/09/2014
Decision Date:	05/11/2015	UR Denial Date:	03/06/2015
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: Florida

Certification(s)/Specialty: Family Practice

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 53-year-old male, who sustained an industrial injury on 7/09/2014, while employed as a mechanic driver. He reported being under a truck working on an engine, when the truck he was working on was hit by another vehicle, causing the transmission to fall on him. The injured worker was diagnosed as having cervical and lumbar strain/sprain, and bilateral shoulder strain/sprain. Treatment to date has included diagnostics, medications, surgical intervention (not specified), chiropractic, and physical therapy. In 12/2014, the injured worker complained of neck and back pain, with radiation to both lower extremities, accompanied by numbness and tingling. He reported bilateral rib pain with twisting and turning, bilateral shoulder pain with radiation down the left upper extremity, with numbness and tingling, left hip pain, and tension headaches daily with blurred vision. Current medication was listed as Ibuprofen and past medical history was noted as "none". The treatment plan included Naproxen, Omeprazole to prevent gastritis, and Cyclobenzaprine. On 2/03/2015, the injured worker complained of cervical pain, bilateral shoulder pain, left elbow and wrist pain, low back pain, bilateral hip pain, and rib pain. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID, use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise, this request for Omeprazole is not medically necessary.