

Case Number:	CM15-0064786		
Date Assigned:	04/10/2015	Date of Injury:	07/02/2007
Decision Date:	05/21/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on 7/2/2007. She reported injuring her right hand, her back and the back of her head after falling down the stairs. Diagnoses have included degenerative changes of the cervical spine at the C4-5 interspace, thoracic spine sprain/strain and lumbar spine sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine, physical therapy, shoulder surgery and medication. According to the progress report dated 2/17/2015, the injured worker complained of pain rated 6/10 with her most significant pain being located over the cervical spine. Current medications included Tramadol, Naproxen and Omeprazole. She reported significant improvement in symptomology with those medications. Physical exam revealed discomfort with range of motion of the cervical spine. There was decreased sensation in the right upper extremity. Authorization was requested for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30, 2 refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 02/17/2015 report, this patient presents with a 6/10 neck pain, low back pain, and right shoulder pain. The current request is for Omeprazole 20mg, #30, 2 refills and this medication was first noted in the 06/13/2014 report. The request for authorization is on 02/17/2015. The patient's work status was not included in the file for review. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh 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." MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Naproxen and has no gastrointestinal side effects with medication use. The treating physician states the patient has "significant improvement in her symptomology with those medications." However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The patient is not over 65 years old and no other risk factors are present. Therefore, the request is not medically necessary.