

Case Number:	CM15-0068800		
Date Assigned:	04/16/2015	Date of Injury:	01/15/2015
Decision Date:	05/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Illinois

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 year old male, who sustained an industrial injury on 01/15/2015. On provider visit dated 03/09/2015 the injured worker has reported neck, mid back and low back complaints. On examination, he was noted to have tenderness to palpation of cervical, thoracic, and lumbar paraspinals with a decreased in range of motion, and wears a soft collar. The diagnoses have included cervical HNP, cervical stenosis, thoracic sprain, lumbar sprain and lumbar radiculopathy. Treatment to date has included medication, MRI and electromyography of the upper extremities. The provider requested Omeprazole 20mg #60 to be taken daily.

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 NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Medscape.

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

Decision rationale: The injured worker sustained a work related injury on 01/15/2015. The medical records provided indicate the diagnosis of cervical HNP, cervical stenosis, thoracic sprain, lumbar sprain and lumbar radiculopathy. Treatment to date has included medication. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg #60. Omeprazole is a proton pump inhibitor. The MTUS recommends the use of proton pump inhibitors for individuals with the risk of gastrointestinal event who are being treated with NSAIDs. Such risk factors for gastrointestinal event include: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID plus low-dose Aspirin). Although the records indicate the injured worker was recently treated with Naproxen, there is no indication the injured worker belongs to any of the above groups. Therefore, the request is not medically necessary.