

Case Number:	CM15-0070464		
Date Assigned:	04/17/2015	Date of Injury:	09/09/2010
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 52 year old male who sustained an industrial injury on September 9, 2010. He has reported cervical spine pain and has been diagnosed with displacement of cervical intervertebral disc without myelopathy, cervicalgia, lumbago, and pain in joint upper arm. Treatment has included medications, physical therapy, and a home exercise program. Currently the injured worker complains of pain at the right side of the cervical spine into the head. The treatment request included 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 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: MTUS Guidelines do not recommend the routine prophylactic use of PPI's unless there are specific risk factors present or there are GI symptoms due to medications. This

individual is not reported to have the necessary risk factors and although he has subjective swallowing difficulties this is not due to medications is not treated with PPIs. This is not a benign class of drugs with long term use associated with increased fractures, lung infections and biological mineral dysregulation. Under these circumstances, the Omeprazole cap 20mg. #30 with 5 refills is not supported by Guidelines and is not medically necessary.