

Case Number:	CM15-0075956		
Date Assigned:	04/27/2015	Date of Injury:	08/23/2010
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: Internal 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 26 year old male who sustained an industrial injury on 08/23/2010. Diagnoses include clavicle fracture, status post-surgical, cervical degenerative disc disease, headaches, poor coping, sleep issues and myofascial pain. Treatment to date has included diagnostic studies, medications, home exercise program, psychotherapy, Toradol injections, and Transcutaneous Electrical Nerve Stimulation Unit. A physician progress note dated 03/07/2015 documents the injured worker continues to have pain in his neck and right shoulder. Medications help with pain about 40-50% and maintain his activities of daily living and functionality. He follows up with another physician for his depression. Sleep issues have improved with medications. He has decreased range of motion in his right shoulder and there is tenderness to palpation over the right trapezius and cervical spasm is present. Treatment requested is for Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

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 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The progress report dated 3/7/15 documented a history of clavicle fracture, cervical degenerative disc disease, headache, and myofascial pain. Naproxen 550 mg and Omeprazole was prescribed. Medical records indicate the long-term use of NSAIDs, which is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole is medically necessary.