

Case Number:	CM15-0076474		
Date Assigned:	04/28/2015	Date of Injury:	10/27/2014
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
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: 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 was a 27 year old male, who sustained an industrial injury, October 27, 2014. While the injured worker and a co-worker were lifting a 200 pound china cabinet, the injured worker felt sudden pain in the chest and back. The injured worker previously received the following treatments and diagnostic studies: cervical spine x-rays, cervical spine MRI, lumbar spine MRI, bilateral shoulders MRIs, lumbar spine x-rays, Ibuprofen, physical therapy, Soma, home exercise program, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities and left elbow x-ray. The injured worker was diagnosed with lumbar sprain, thoracic sprain, sprained rib cage, instability of sacroiliac joint, chest pain, neck pain and neck sprain, cervical radiculopathy in the left upper extremity, lumbar radiculopathy in the right lower extremity and discogenic syndrome lumbar spine. According to progress note of February 11, 2015, the injured workers chief complaint was neck pain radiating down the left arm, bilateral elbow and shoulder pain and low back pain radiation into both legs. The physical exam noted diffuse tenderness left greater than the right with global decrease in range of motion. There was bilateral diffuse tenderness of the shoulders. There was tenderness noted in the left elbow at the medial and lateral epicondyles. The lumbar spine tenderness left greater than the right. The straight leg raises were negative bilaterally. The treatment plan included a prescription for Omeprazole. A December 10, 2014 report notes the gastro-intestinal review of systems to be negative. The current examination narratives have noted that the injured worker has a history of gastritis with ulcer. Medication treatment consists of gabapentin.

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 Page(s): 68-69.

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

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). Additionally, per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. The current examination narratives have noted that the injured worker has a history of gastritis with ulcer. This is inconsistent with a December 10, 2014 report which notes the gastro-intestinal review of systems to be negative. In addition, the current medication treatment consists of gabapentin. There is no indication of gastrointestinal complaints and the injured worker is not being prescribed non-steroidal anti-inflammatory medications. The request for proton pump inhibitor is not supported. The request for Omeprazole 20mg #60 is not medically necessary and appropriate.