
Independent Medical Review Final Determination Letter

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Dated: Select Date

IMR Case Number:	CM13-0018606	Date of Injury:	10/30/2012
Claims Number:	██████████	UR Denial Date:	08/23/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	██		
Provider Name:	██		
Treatment(s) in Dispute Listed on IMR Application:			
Omeprazole			

DEAR ██████████ ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████
dso

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 29 year old male who reported an injury on 10/30/2012 after moving boxes at work. The patient has continued complaints of lower back and left shoulder pain and was placed on modified duty at work. He was also prescribed Naprosyn and Tramadol for inflammation and pain relief. Records indicate the patient has completed some physical therapy and had temporary relief from the sessions. The patient was later diagnosed with left shoulder rotator cuff tendonitis/bursitis as well as a lumbar spine strain with radicular athrosis of L5-S1. An EMG/NCV showed evidence of right L5 radiculopathy.

IMR DECISION(S) AND RATIONALE(S)

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

1. The prescription for omeprazole 20mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 68, which is a part of the MTUS.

The Physician Reviewer's decision rationale: CA MTUS does recommend the use of omeprazole to prevent gastrointestinal (GI) upset; however, the documentation provided for review has the most recent exam notes dated as 08/21/2013. Because there is not a current exam dated within the past four months, it is unclear whether or not the employee is still utilizing the Naprosyn which would further necessitate a proton pump inhibitor at this time. Without updated comprehensive exam notes to review for medication usage, it would not warrant to continue the

medication in question. In addition, there is a lack of documented GI symptoms. **The request for omeprazole 20mg is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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CM13-0018606