

Case Number:	CM14-0147730		
Date Assigned:	09/15/2014	Date of Injury:	06/14/2012
Decision Date:	10/06/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42 year-old male, who sustained an injury on June 14, 2012. The mechanism of injury occurred from repetitive job duties. Diagnostics have included: July 27, 2012 lumbar spine MRI reported as showing multilevel disc disease for neuroforamina stenosis at L5-S1; September 13, 2013 EMG/NCV reported as showing cervical radiculopathy. Treatments have included: medications, February 25, 2014 cervical discectomy/fusion. The current diagnoses are: cervical strain and degenerative disc disease, thoraco-lumbar strain, lumbar disc disease. The stated purpose of the request for Omeprazole 20mg #30 was not noted. The request for Omeprazole 20mg #30 was denied on August 13, 2014, citing a lack of documentation of GI disease or risk factors. Per the report dated July 9, 2014, the treating physician noted complaints of pain to the neck, head and upper back, along with numbness and tingling to the upper and lower extremities. Exam findings included cervical and lumbar tenderness with restricted range of motion, decreased sensation over the right forearm, left S1 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: The requested Omeprazole 20mg #30 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to the neck, head and upper back, along with numbness and tingling to the upper and lower extremities. The treating physician has documented cervical and lumbar tenderness with restricted range of motion, decreased sensation over the right forearm, left S1 dermatome. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above not having been met, Omeprazole 20mg #30 is not medically necessary.