

Case Number:	CM14-0165475		
Date Assigned:	10/10/2014	Date of Injury:	11/02/2013
Decision Date:	11/25/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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, Indiana, New York
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 62 year old female who sustained an industrial injury on 11-2-13. A review of the medical records indicates the worker is undergoing treatment for bilateral shoulder sprain-strain with clinical impingement, lumbar spine sprain-strain, and medication induced gastritis. Subjective complaints (7-3-14) include stomach irritation and burning due to medications, left shoulder pain, right shoulder pain radiating to the right elbow and neck, low back pain, and sleep disorder. Objective findings (7-1-14) include tenderness to palpation of the cervical spine, thoracic spine, right and left shoulder, and right elbow, and right shoulder impingement sign mildly positive. Previous treatment includes physical therapy, massage, acupuncture, Motrin, (prescribed 7-3-15): Cyclobenzaprine, Tramadol, and transdermal compounds. On 9-4-14, the requested treatment of Omeprazole 20mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20MG, 1 tablet 2 times a day, QTY: 60, Day supply: 30, for symptoms related to bilateral shoulders and lumbar spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg one PO b.i.d. #60, day supply #30 for symptoms related to bilateral shoulders and lumbar spine injury is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervical spine strain; thoracic spine strain; and lateral right epicondylitis. Date of injury is November 2, 2013. Request for authorization is August 26, 2014. The medical record contains 50 pages. There is no documentation from the requesting provider for omeprazole. According to a July 1, 2015 progress note (by a non-requesting provider), there is no documentation of omeprazole in the medical record. Current medications included ibuprofen. Utilization review indicates there is an August 19, 2014 progress note from the requesting provider, however the documentation is handwritten and largely illegible. There is no clinical indication or rationale for a proton pump inhibitor in the medical record. There are no co-morbid conditions or risk factors for gastrointestinal events. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation from the requesting provider and no clinical indication or rationale for omeprazole, Omeprazole 20 mg one PO b.i.d. #60, day supply #30 for symptoms related to bilateral shoulders and lumbar spine injury is not medically necessary.