

Case Number:	CM13-0005725		
Date Assigned:	11/01/2013	Date of Injury:	08/30/2010
Decision Date:	02/07/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/01/2013

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 Occupational 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 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.

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 patient is a represented [REDACTED] employee who has filed claims for hypertension, chronic neck pain, chronic chest pain, and depression reportedly associated with an industrial injury of August 30, 2010. Thus far, the patient has been treated with the following: Analgesic medications; psychological counseling; attorney representation; and extensive periods of time off work, on total temporary disability. In a utilization review report of July 16, 2013, the claims administrator approved a request for Norvasc and denied a request for Prilosec. The patient's attorney subsequently appealed. Psychological consultation of September 12, 2013 is notable for comments that the patient is off work, is no longer working as a meter reader at [REDACTED]. The patient exhibits diagnosis of posttraumatic stress disorder. An earlier sparse note of September 25, 2013 is notable for comments that the applicant is having issues of worsening acid reflux in the mornings before taking medications. He is given refills of Norvasc, Prilosec, and losartan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR-Retrospective Sling: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 69-127.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is described as having issues with worsening acid reflux as of September 25, 2013. Usage of omeprazole, a proton pump inhibitor, was indicated to treat the same. Therefore, the original utilization review decision is overturned. The request is retrospectively certified, on independent medical review.