

Case Number:	CM13-0027919		
Date Assigned:	11/22/2013	Date of Injury:	11/09/2006
Decision Date:	01/22/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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. 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 patient is a 43-year-old male who reported an injury on 11/09/2006. The patient's most recent clinical evaluation revealed that the patient complained of increased acid reflux complaints. The patient's diagnoses included hypertension and gastroesophageal reflux disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Mosby's Drug Consult.

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

Decision rationale: The requested Omeprazole 20mg #30 with 6 refills is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a diagnosis of gastroesophageal reflux disease with an increase in symptoms. California Medical Treatment Utilization Schedule does recommend a gastrointestinal protectant when the patient is at risk for gastrointestinal events. Therefore, the use of Omeprazole would be indicated. However, the request is for 6 refills. This duration of medication usage does not allow

for timely re-evaluation to establish the efficacy to support continued use. As such, the requested Omeprazole 20mg #30 with 6 refills is not medically necessary or appropriate.

Zantac 150mg #30 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zantac-drug/indications-dosage.htm>

Decision rationale: The Physician Reviewer's decision rationale: The requested Zantac 150mg #30 with 6 refills is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is diagnosed with gastroesophageal reflux disease with worsening symptoms. An online resource, rxlist.com, does state that Zantac is considered appropriate for treating patients with the diagnosis of gastroesophageal reflux disease. However, the request is for 6 refills. This does not provide for timely assessment and re-evaluation to support the efficacy of continuation of the medication. As such, the requested Zantac 150mg #30 with 6 refills is not medically necessary or appropriate.