

Case Number:	CM13-0033964		
Date Assigned:	12/06/2013	Date of Injury:	11/19/2008
Decision Date:	03/07/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Practice, 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. 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 48-year-old male who reported injury on 11/19/2008. The mechanism of injury was not provided. The patient was noted to be prescribed Nexium on 07/24/2013. The patient's diagnoses were noted to include gastroesophageal reflux secondary to NSAIDs, left shoulder impingement and rotator cuff tear partial, status post left shoulder surgery, left elbow osteoarthritis with frozen elbow, and low back syndrome, low back pain, lumbar disc disease, joint pain, stress, depression, and sexual dysfunction. The request was made for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (GI) Gastrointestinal symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

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

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID use. The patient's diagnosis was noted to include

GERD secondary to NSAID use. There was documentation indicating the patient was taking Nexium 40 mg daily as of 07/24/2013. The request for Omeprazole 1 by mouth 2 times a day on 08/13/2013 lacked documentation of rationale for the necessity for 2 medications to protect the stomach. Given the above, the request for Prilosec 20mg #60 is not medically necessary.