

Case Number:	CM13-0057927		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2011
Decision Date:	05/06/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 patient is a represented [REDACTED] employee who has filed a claim chronic low back pain reportedly associated with an industrial injury of September 6, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; prior left knee arthroscopy; prior lumbar epidural steroid injection therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 5, 2013, the claims administrator denied a request for omeprazole. The patient's attorney subsequently appealed. In a December 31, 2013 orthopedic consultation, the patient is described as specifically denying any burning in the stomach on review of systems. In a progress note of November 21, 2013, the patient was described as presenting with low back and left knee pain. The applicant did reportedly have a history of gastritis, it was stated. Prescriptions for Naprosyn, omeprazole, and Neurontin were endorsed while the applicant was asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINS (ODG), 9TH EDITION. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants with an intermediate risk for gastrointestinal event who are using NSAIDs can/do so in conjunction with proton pump inhibitors such as omeprazole or Prilosec. In this case, the applicant reportedly has a history of prior gastritis, the attending provider has seemingly posited. The applicant was issued a prescription for Naprosyn, an NSAID. Given the applicant's history of gastritis, the applicant is an individual who should employ proton pump inhibitors prophylactic ally while using NSAIDs. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.