

Case Number:	CM13-0061228		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2010
Decision Date:	04/04/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Texas and Florida. 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 with a history of chronic pain syndrome, anxiety, depression, anemia, migraine headache, and NSAID-induced gastritis. The history is significant for past treatment of chronic pain resulting from the injury of 1/5/10 with the following NSAIDs: Naproxen, Diclofenac, Ketoprofen, Celebrex, and Indomethacin. There is a documented diagnosis of NSAID-associated gastritis following a workup in February 2013. Current medications are Prilosec and topical Dendracin. The patient is not currently on any oral NSAID treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG: Upheld

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 Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high

dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of Omeprazole is not medically necessary because the medical records indicated that the patient is no longer on oral NSAID therapy. The symptoms of NSAID-induced gastritis were documented to have resolved when the use of NSAID was discontinued in 2013. The review of system did not indicate any gastrointestinal symptoms that would make continual use of Omeprazole medically necessary. The request is noncertified.