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| Case Number: | CM13-0062569 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/10/2010 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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. 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 for chronic neck and upper extremity pain reportedly associated with an industrial assault injury of December 10, 2010. Thus far, the patient has been treated with following: Analgesic medications; cervical epidural steroid injection therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of November 7, 2013, the claims administrator seemingly denied a request for omeprazole, stating that the patient did not appear to be at heightened risk for gastrointestinal events. The patient's attorney subsequently appealed. A clinical progress note of November 10, 2013 is notable for comments that the patient has a history of reflux with previous usage of NSAIDs. The patient is on prednisone for co morbid sarcoidosis, it is further noted. The patient is using Neurontin for radiculopathy, the attending provider further writes.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 OF 5 OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs topic Page(s): 68-69.

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. Page 68 of the MTUS Chronic Pain Medical Treatment Guidelines further supports usage of proton pump inhibitors in applicants with a history of prior gastrointestinal events or issues. The applicant, here, does have a history of reflux/dyspepsia/heartburn. Ongoing usage of omeprazole or Prilosec is indicated to treat the same. Therefore, the original utilization review decision is overturned. The request is certified on Independent Medical Review.