

Case Number:	CM13-0069086		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2009
Decision Date:	04/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/20/2013

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 applicant's case and care have been complicated by comorbid diabetes. In a Utilization Review Report of December 17, 2013, the claims administrator denied a request for Omeprazole while approving a request for Naprosyn. The rationale for the decision was very difficult to follow. It was stated that the applicant did not have GI risk factors for which usage of omeprazole would be indicated. In a January 29, 2014 progress note, the attending provider copied sections from page 58 of the MTUS Chronic Pain Medical Treatment Guidelines and stated that this supported the request for Omeprazole. No applicant-specific rationale, narrative, or commentary was attached to the appeal. In a clinical progress note of December 27, 2013, it was stated that the applicant was reporting persistent low back pain. The applicant stated that her medications ameliorated her pain by 50%. The applicant did not report any side effects with medications. The applicant is 53 years old, it was stated. Naprosyn and Omeprazole were renewed. The applicant is permanent and stationary and does not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20MG QUANTITY 60, DISPENSED ON 11/26/13: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that prophylactic usage of proton pump inhibitors is indicated in those applicants who are aged 65 years of age or greater and are using NSAIDs, have a history of peptic ulcer disease or other GI issues, and/or are using multiple NSAIDs and/or NSAIDs in conjunction with corticosteroids. In this case, however, the applicant is 53 years old. The applicant is not using multiple NSAIDs. The applicant is only using one NSAID, Naprosyn. The applicant is not using any corticosteroids. It is further noted that the applicant is not personally experiencing any symptoms of reflux, dyspepsia, and/or heartburn, based on the December 27, 2013 progress note, in which the applicant is described as having no medications side effects with Naprosyn usage. The retrospective request for Omeprazole 20 mg, quantity 60, dispensed on 11/26/13 is not medically necessary and appropriate.