

Case Number:	CM14-0111476		
Date Assigned:	08/01/2014	Date of Injury:	12/17/2007
Decision Date:	09/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 66-year-old male with an original date of injury of December 17, 2007. The patient has chronic low back pain, bilateral knee pain, and radiating pain to the lower extremities. The patient has undergone 42 sessions of chiropractic care and 38 sessions of acupuncture. The patient is on topical pain medications, tramadol, and omeprazole. The disputed request is for the omeprazole. A utilization review determination had denied this request citing that there was no complaint of, "gastrointestinal symptomatology to warrant this type of medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg capsules #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

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

Decision rationale: In order to justify use of a proton pump inhibitor, there should be documentation of gastrointestinal risk factors for gastrointestinal complaints area; these risk factors are clearly outlined in the guidelines, including a history of gastrointestinal bleeding,

concomitant usage of multiple nonsteroidal anti-inflammatory drugs, or age > 65 year old. In the case of this injured worker, there is documentation of advanced age as the patient is 66 years old. Furthermore, there is documentation that the patient has been "unable to take medication due to G.I. complaints" in a progress note on June 2, 2014. However, the documentation stop short of identifying a cause for the patient's G.I. complaints such as gastroesophageal reflux disease. There does not appear to be any further workup documented, and the patient is not on an oral NSAID according to the submitted documentation. Given these factors, this request is not medically necessary.