

Case Number:	CM14-0127359		
Date Assigned:	09/23/2014	Date of Injury:	11/05/2012
Decision Date:	10/27/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; and various interventional spine procedures. The claims administrator apparently failed to approve a request for Omeprazole in a Utilization Review Report dated July 11, 2014. The applicant's attorney subsequently appealed. In an applicant questionnaire dated November 27, 2013, written in parts in [REDACTED] and in parts in [REDACTED], the applicant did suggest that he had issues with an upset stomach. The applicant acknowledged that he was not working. In a December 2, 2013 progress note, the applicant presented with persistent complaints of low back pain. Electrodiagnostic testing of the bilateral lower extremities was sought. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place. In a March 19, 2014 progress note, the applicant was described as having a variety of gastrointestinal issues, chronic pain issues, and sleep disturbance. The applicant last worked in October 2013, it was acknowledged. The applicant's primary care physician has apparently given him a prescription for Zantac to replace Prilosec. It was not stated whether or not the attending provider had made the substitution as a result of a Utilization Review denial or not. On April 20, 2014, the applicant was placed off of work, on total temporary disability. There was no mention of medication selection or medication efficacy on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia; in this case, the applicant is apparently having issues with stand-alone induced dyspepsia/gastritis, reportedly ameliorated through ongoing usage of Prilosec and/or Zantac. Continuing the same on balance is therefore indicated. Accordingly, the request is medically necessary.