

Case Number:	CM14-0139258		
Date Assigned:	09/05/2014	Date of Injury:	05/11/2012
Decision Date:	11/05/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 May 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, manipulative therapy, and acupuncture; trigger point injection therapy; permanent work restrictions; and a 14% whole person impairment rating. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for omeprazole. The applicant's attorney subsequently appealed. In a January 8, 2014 progress note, the applicant was placed off of work on total temporary disability owing to ongoing complaints of mid and low back pain. Naprosyn, omeprazole, and Norflex were endorsed. The attending provider seemingly suggested that omeprazole was being employed for gastric protective purposes as opposed to actual symptoms of reflux. On July 7, 2014, the applicant presented with low back pain, lower extremity paresthesias, emotional stress, neck pain, and shoulder pain. The applicant was off of work and was "on disability," it was acknowledged. The applicant's medications list included metformin, glipizide, Motrin, Prilosec, Norflex, and hydrocodone. There was no explicit mention of issues with reflux on this date, either. In a progress note dated July 2, 2014, the applicant presented with issues associated with anxiety, depression, sleep disturbance, midback pain, and lower leg pain. It was stated that the applicant had consulted another physician for her gastric problem. This was not elaborated or expounded upon. Medrox, Prilosec, Norflex, and tramadol were endorsed. On May 7, 2014, the attending provider noted that the applicant had issues with gastric disturbance and had had to stop some medications owing to issues with heartburn. Omeprazole, Norflex, and Medrox were prescribed. The applicant was asked to cease Naprosyn and/or other

non-steroidal anti-inflammatory drugs (NSAIDs). The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs, GI Symptoms & Cardiovascular Risk; Mus.

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, as is present here. The applicant had apparently developed issues with reflux and dyspepsia secondary to usage of Naprosyn. Introduction and/or ongoing usage of omeprazole is indicated to combat the same. Therefore, the request is medically necessary.