

Case Number:	CM14-0151248		
Date Assigned:	09/19/2014	Date of Injury:	09/02/2003
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/16/2014

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 and 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's original date of injury was September 2, 2003. The injured worker's diagnoses include chronic low back pain, history of lumbar laminectomy, lumbar degenerative disc disease, lumbar radiculopathy, regional myofascial pain, and sleep and mood disorder secondary to chronic pain syndrome. The disputed request is for a proton pump inhibitor. A utilization review determination on September 10, 2014 had non-certified this request. The rationale for this denial was that no evidence-based risk factors for gastrointestinal events were identified for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 x 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: PPI; NSAIDs, GI symptoms & cardiovascular risk; Prilosec (Omeprazole)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: In the case of this injured worker, there is documentation of a past medical history of gastroesophageal reflux disease (GERD). This is documented in an encounter note on

date of service May 15, 2014. A progress note on date of service July 1, 2014 indicates that the patient is being prescribed Naproxen (a non-steroidal anti-inflammatory drug, or NSAID), 500mg by mouth twice a day. A follow-up note on August 27, 2014 indicates that the patient continues taking Naproxen, and was written for a 6-month supply of this medication. Given the history of GERD and the use of NSAID medication, the use of a proton pump inhibitor (PPI), such as Omeprazole, is appropriate to help with any reflux or dyspepsia symptoms. This request is medically necessary.