

Case Number:	CM14-0154940		
Date Assigned:	09/25/2014	Date of Injury:	03/12/2000
Decision Date:	10/27/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 71-year-old male with a 03/12/2000 date of injury, when he was working as a manufacturing technician and developed low back pain when picking up items during normal work activity. 8/14/14 determination was non-certified given that the need for the daily use of omeprazole was not shown and the use of prophylaxis at BID use was not supported. It was noted that the original request included omeprazole 20mg #60. 8/15/14 medical report by [REDACTED] identified labor code, ACOEM, and CA MTUS citations. The report also addressed the need for a muscle relaxant and Celebrex. In addition it was noted that as a result of the patient's chronic pain, he is required to take medications to control his pain for a number of years and has developed some chronic gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG (Pain Chapter). Proton pump inhibitors (PPIs)

Decision rationale: MTUS chronic pain medical treatment guidelines support the use of proton pump inhibitors at patient's with at least intermediate risk for gastrointestinal events. ODG states that the use of a PPI should be limited to the recognized indications and used for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In the context of an appeal, the provider stated that the patient developed chronic gastritis secondary to medication intake. Omeprazole would be indicated given the chronic NSAID use and concomitant chronic gastritis. However, at the time of the prior determination it was noted that the omeprazole prescription was BID. It is noted that the request was for #60 capsules and there was no clarification if this amount was intended to last one or two months. A modified certification for omeprazole 20mg #30 would be appropriate, however, given inability to render a modified determination, the request as made was not medically necessary.