

Case Number:	CM14-0156809		
Date Assigned:	09/26/2014	Date of Injury:	11/29/2011
Decision Date:	11/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 major depressive disorder, anxiety, shoulder pain, and neck pain reportedly associated with an industrial injury of November 29, 2011. In a Utilization Review Report dated August 29, 2014, the claims administrator retrospectively denied a request for omeprazole. The applicant's attorney subsequently appealed. In a progress note dated January 20, 2014, difficult to follow, somewhat blurred as a result of repetitive photocopying, the applicant presented with issues associated with neck pain, shoulder pain, and depression status post earlier elbow epicondylar release surgery. The applicant was given prescriptions for Naprosyn, Docuprene, Ultracet, Fexmid, Prilosec, and a topical compounded medication. The applicant was kept off of work, on total temporary disability. On April 14, 2014, the applicant was again placed off of work. Naprosyn, Ultracet, Zanaflex, and Prilosec were again dispensed. There was no explicit mention of issues with reflux, heartburn or dyspepsia. On May 28, 2014, the applicant was again placed off of work, on total temporary disability, while Zanaflex, Naprosyn, tramadol were dispensed. Again, there was no explicit mention of issues with dyspepsia, reflux, or heartburn. In a June 26, 2014 progress note, the applicant was described as having issues with epigastric pain and acid regurgitation despite ongoing usage of omeprazole. The applicant was asked to increase the dosage of omeprazole to twice daily. The claims administrator stated in its UR report that it was retrospectively denying a request for omeprazole already dispensed on June 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole D.R. 20mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69, 77.

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 did have issues with reflux, heartburn, dyspepsia, and epigastric abdominal pain on or around the date in question, June 26, 2014. Omeprazole was indicated to combat the same. Therefore, the request was medically necessary.