

Case Number:	CM14-0164924		
Date Assigned:	10/10/2014	Date of Injury:	12/12/2011
Decision Date:	11/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 injured worker is a represented employee who has filed a claim for chronic elbow, knee, shoulder, back, and foot pain reportedly associated with an industrial injury of December 12, 2011. Thus far, the injured worker has been treated with the following: Analgesic medications; muscle relaxants; topical compounds; transfer of care to and from various providers in various specialties; sleep aids; a cane; a home health aide; and extensive periods of time off of work. In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for Prilosec. The injured worker's attorney subsequently appealed. In a September 12, 2014 progress note, the injured worker was placed off of work, on total temporary disability owing to multifocal pain complaints, chronic fatigue syndrome, and insomnia. The injured worker was reportedly using Sonata, Prilosec, Neurontin, and glucosamine-chondroitin. The injured worker was kept off of work. A topical compound was endorsed. The injured worker was asked to obtain a new cane. There was no explicit mention of issues with reflux heartburn, and/or dyspepsia on this occasion. In a handwritten note dated July 18, 2014, the injured worker was again described as off of work and not working. Authorization was sought for a cane. Ongoing complaints of knee pain were appreciated. The injured worker's gastrointestinal review of systems was positive for heartburn, it was acknowledged. The injured worker was given prescriptions for Omeprazole, Naproxen, and Tylenol No. 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg capsule, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Formulary

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 Prilosec (Omeprazole) are indicated in the treatment of non-steroidal anti-inflammatory drugs (NSAIDs)-induced dyspepsia, as appears to be present here. The injured worker is having issues with naproxen-induced dyspepsia. Ongoing usage of Prilosec (omeprazole), a proton pump inhibitor, is indicated to combat the same. Therefore, this request is medically necessary.