

Case Number:	CM14-0165749		
Date Assigned:	10/10/2014	Date of Injury:	02/03/2010
Decision Date:	12/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 February 3, 2010. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for omeprazole. The claims administrator noted that the applicant had ongoing complaints of low back and wrist pain, and stated that the applicant did not have evidence of reflux, heartburn, and/or dyspepsia for which Omeprazole would be indicated. The applicant's medication list included Ultracet, fenoprofen, and Effexor, it was incidentally noted. The claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines in its report rationale but stated, at the top of the report, somewhat incongruously that it was employing ACOEM as the basis of its denial. The applicant's attorney subsequently appealed. In a September 18, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of 6 to 7/10 low back pain. A well healed surgical scar was noted about the left wrist. The applicant was given refills of Omeprazole, Fenoprofen, and Effexor. Tramadol-acetaminophen was endorsed for reportedly severe pain. There was no mention of any issues with reflux, heartburn, or dyspepsia. The applicant was 49 years old as of the date of this report, it was incidentally noted. In an earlier note dated April 1, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of wrist, neck, chest wall, and low back pain. There was no mention of any issues with reflux, heartburn, or dyspepsia on this occasion, either. On April 30, 2014, the applicant was described as having sufficient medications. No medications were refilled on this occasion. The applicant was, once again, placed off of work, on total temporary disability. There was no mention of any issues with reflux, heartburn or dyspepsia on this occasion. On May 13, 2014, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of mid back,

low back, neck, and wrist pain with associated complaints of headaches. Once again, there was no mention of any issues of reflux, heartburn, or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg count #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Omeprazole (Prilosec) can be employed in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. It was not clearly stated for what purpose Prilosec (Omeprazole) was being employed here. Therefore, the request was not medically necessary.