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| Case Number: | CM14-0166549 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 08/07/1997 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 mid and low back pain reportedly associated with an industrial injury of August 7, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; and subsequent implantation of a spinal cord stimulator. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for Omeprazole. The applicant's attorney subsequently appealed. In a June 24, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant stated that she has fallen several times owing to ongoing issues with lower extremity numbness. The applicant was given prescriptions for Norco, Norflex, Zofran, Desyrel, and LidoPro lotion. The applicant did not appear to be working with permanent limitations in place. In an applicant questionnaire dated February 18, 2014, the applicant reported ongoing complaints of 7-10/10 pain complaints. The applicant did not state whether or not she was working in her questionnaire. In a June 18, 2013 progress note, the applicant was using Norco, Zanaflex, Prilosec, Zofran, Desyrel, Neurontin, and Terocin. It was not stated for what purpose Prilosec was being employed. In an applicant questionnaire dated September 16, 2014, the applicant did state that his spinal cord stimulator was working well. The applicant reported stomach upset from time to time, apparently secondary to usage of Aleve (Naprosyn). In a progress note of the same date, September 16, 2014, it was stated that the applicant was using Omeprazole in conjunction with anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

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, prophylactic usage of proton pump inhibitors such as Omeprazole is indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant reported in a questionnaire dated September 16, 2014 that she was, in fact, experiencing symptoms of NSAID-induced dyspepsia with ongoing Naprosyn (Aleve) usage. Introduction and/or ongoing usage of Omeprazole was indicated to combat the same. Therefore, the request was medically necessary.