

<b>Case Number:</b>	CM14-0179143		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, chronic neck pain, depression, and posttraumatic stress disorder reportedly associated with an industrial injury of October 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychological testing; psychotropic medications; psychological counseling; and work restrictions. In a Utilization Review Report dated October 24, 2014, the claims administrator partially approved a request for omeprazole. Despite the fact that the applicant reportedly had "longstanding reflux," per the claims administrator, the claims administrator suggested a partial approval so as to intermittently re-evaluate the applicant. In an October 17, 2014 progress note, the applicant did report ongoing complaints of low back and neck pain with ancillary complaints of depression and posttraumatic stress disorder. The applicant was using Prilosec, Lexapro, Remeron, Relafen, Butrans, and allopurinol. A 25-pound lifting limitation was endorsed. It was suggested that the applicant had returned to modified duty work with his employer and was reportedly tolerating the same. There was no mention of issues with reflux or heartburn on this date. In a Utilization Review appeal letter of October 7, 2014, the attending provider stated that the applicant was using Omeprazole for gastroprotective effect. In another section of the note, it was stated that the applicant was using Relafen and wished to employ Omeprazole for gastroprotective effect. It was stated that the applicant had had historical issues with reflux. It was stated that the applicant was presenting on a quarterly basis and that three months refills are more appropriate here. It was stated that the applicant had initially presented in February 2013 with an active history of reflux. The attending provider stated that Omeprazole had effectively attenuated such complaints, however.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription for Omeprazole DR 20 mg #30 with 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 attending provider has posited that the applicant does, in fact, have issues with Relafen-induced dyspepsia, which have been effectively attenuated following introduction of omeprazole (Prilosec). Continuing the same, on balance, thus appear to be indicated. Therefore, the request is medically necessary.