

Case Number:	CM14-0028892		
Date Assigned:	06/16/2014	Date of Injury:	04/13/2002
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 patient is presented with a date of injury of 4/13/02. She had developed chronic myofascial pain and increasing right knee pain. Her mainstay of treatment is oral analgesics. A February '14 appeal for approval of Omeprazole states that she is taking NSAID's and that the Omeprazole is for symptoms of gastritis. What and how the NSAID is utilized is not documented in the appeal. A review of the treating records available for review (2/13/14 and 5/15/14) lists the medications utilized and no NSAID use is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Risks Page(s): 67,68.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Omeprazole is a proton pump inhibitor and this class of drugs is not benign when utilized chronically. They are associated with increased hip fractures, pulmonary infections and biological metal(s) deregulation. In this case, the treating physician did not provide any

objective documentation of NSAID use i.e. a specific medication and how it is utilized. Without clear documentation of NSAID use and GI risks per MTUS Chronic Pain Guidelines the use of Omeprazole for this patient cannot be supported. Therefore, the request for Omeprazole is not medically necessary and appropriate.