

Case Number:	CM14-0033061		
Date Assigned:	04/23/2014	Date of Injury:	03/07/2002
Decision Date:	07/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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 a represented [REDACTED] employee who has filed a claim for chronic shoulder, mid back, and low back pain reportedly associated with industrial injury of March 7, 2002. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier thoracic discectomy and fusion surgery; earlier left shoulder arthroscopy; and opioid therapy. In a Utilization Review Report of January 24, 2014, the claims administrator denied a request for omeprazole. A variety of MTUS and non-MTUS Guidelines were cited in the denial. The claims administrator stated that the patient's usage of Duexis should obviate the need for omeprazole. The patient's attorney subsequently appealed. A November 20, 2013 progress note was notable for comments that the patient reported persistent shoulder and low back pain, ranging from 6-7/10. The patient was Spanish speaking. The patient was on Tramadol, Lyrica, and omeprazole; it was stated at that point in time. The attending provider apparently went on to appeal decision to deny the patient's shoulder surgery. An October 23, 2013 progress note is notable for comments that the patient again reported persistent multifocal, shoulder, hip, and back pain. The patient received refills of Tramadol and omeprazole. The patient was placed off of work, on total temporary disability. It was stated that the patient was using omeprazole "for stomach upset." A pain management note of October 17, 2013 was notable for comments that the patient had a history of gastro esophageal reflux disease. The patient reported issues with constipation, nausea, and abdominal pain in the review of systems section of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #90 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 patient apparently has issues with stand-alone gastro esophageal reflux disease (GERD) described on several occasions throughout October 2013. Usage of omeprazole to combat the same is, by analogy, indicated. Therefore, the request is medically necessary.