

Case Number:	CM14-0040470		
Date Assigned:	06/27/2014	Date of Injury:	06/17/2004
Decision Date:	08/13/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/07/2014

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 claimant was injured on 06/17/04. A prescription for omeprazole is under review. She saw [REDACTED] on 05/08/12. She was taking omeprazole at that time along with other medications including Naprosyn. There was no history of gastritis in the review of systems. She has a history of neck and back injuries with disc degeneration and cervical radiculitis. She is status post cervical fusion. The impression does not mention gastrointestinal problems. She received a refill of omeprazole and Naprosyn. On 10/16/12, there is no mention of omeprazole. There is no mention of a history of gastritis or gastrointestinal complaints. On 01/31/13, she remained on Naprosyn. There is no history of gastritis. Omeprazole was ordered. She continued Naprosyn. There is no explanation for the need for omeprazole. On 03/05/13, she was taking Naprosyn and Prilosec. There is no mention of gastrointestinal problems. The history was the same on 04/02/13 and she remained on Naprosyn and omeprazole. There was no mention of GI symptoms. The history continued in this way in 2013 and she continued to receive omeprazole. There were no gastrointestinal symptoms noted in January 2014. The assessment does not mention any GI symptoms. Omeprazole was not certified on 03/04/14. On 03/12/14, it appears that the claimant stated I don't need the naproxen it doesn't do anything or omeprazole but I do need pain meds. She was using Percocet and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Omeprazole 20mg #30: Upheld

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 Proton Pump Inhibitors, page 102 Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for omeprazole. The California Medical Treatment Utilization Schedule (MTUS) state on p. 102 re: PPIs patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation at any time in the records of GI conditions or symptoms or increased risk to support the use of this medication. The claimant also indicated that she does not need it. The medical necessity of this request has not been clearly demonstrated.