

Case Number:	CM14-0042432		
Date Assigned:	06/20/2014	Date of Injury:	08/25/2000
Decision Date:	12/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of August 25, 2000. A utilization review determination dated August 25, 2014 recommends noncertification of omeprazole. A progress report dated January 16, 2014 identify subjective complaints of mid back pain, lower back pain, bilateral hand pain, right leg pain, left rib pain, and left and right buttock pain. The patient notes that her medication provides pain relief. She has dry mouth as a side effect from her pain medication. Diagnoses include sciatica, disk disorder lumbar, post lumbar laminectomy syndrome, low back pain, depression with anxiety, and chronic pain syndrome. The treatment plan recommends an MRI, Norco, clonazepam, Valium, sertraline, ibuprofen, methadone, Flector patch, and Levoxyl. Authorization is also requested for an epidural steroid injection and trigger point injection. A progress report dated October 2, 2013 indicates that the patient is prescribed ibuprofen 800 mg 2 pills per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG QD: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is identification that the patient is on high dose and multiple NSAIDs (ibuprofen 800 mg 2 times per day and Flector patch). As such, the currently requested omeprazole (Prilosec) is medically necessary.