

Case Number:	CM14-0053982		
Date Assigned:	07/07/2014	Date of Injury:	01/30/2006
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/22/2014

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 pain, neck pain, mid back pain, and headaches reportedly associated with an industrial injury of January 30, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for omeprazole. The applicant's attorney subsequently appealed. In a March 12, 2014 progress note, the applicant reported persistent complaints of bilateral neck, shoulder, and mid back pain with associated headaches. The applicant was on Norco, Naprosyn, Prilosec, and Fexmid, it was stated. The applicant maintained that the medications were generating some improvement here. In the review section of the report, it was stated that the applicant specifically denied any gastrointestinal review of systems, including abdominal pain or nausea. Fexmid, Prilosec, and Naprosyn were renewed. It was stated that the Prilosec was being employed p.r.n. gastritis or reflux in one section of the report. It was not clearly stated whether the applicant was personally exhibiting such symptoms, however. In an earlier note dated April 5, 2011, the applicant was described as using Norco, Zanaflex, Naprosyn, and topical capsaicin cream. There was no explicit mention of issues of reflux, heartburn, and/or dyspepsia on this progress note, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg. cap: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of a proton pump inhibitor such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, there was no clear statement that the applicant was personally experiencing any symptoms of reflux, heartburn, and/or dyspepsia, either stand-alone or NSAID-induced. The attending provider did not state whether or not the request in question was a first time request versus a renewal request and did not furthermore, state whether or not ongoing usage of omeprazole has been beneficial here. Therefore, the request is not medically necessary.