

Case Number:	CM14-0064697		
Date Assigned:	07/11/2014	Date of Injury:	03/04/2010
Decision Date:	09/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 applicant is a [REDACTED] employee who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of March 11, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 9, 2014, the claims administrator denied a request for omeprazole on the grounds that the applicant had no evidence of dyspepsia for which Omeprazole would be indicated. The applicant's attorney subsequently appealed. In an April 8, 2014 progress note, the applicant described a variety of mental health issues, including depression, and anxiety secondary to severe pain. The applicant was using several medications, including Remeron, and Cymbalta. On April 24, 2014, the applicant presented with complaints of low back and shoulder, pain, ranging from 4-8/10. On May 17, 2014, the applicant presented with multifocal pain complaints, 6/10, and was placed off of work, on total disability. The applicant was approaching maximum medical improvement, it was stated. On an earlier note dated February 28, 2014, the applicant was given a prescription for Omeprazole. The applicant was placed off of work, on total disability. Multifocal complaints were noted. There was no mention of any issues with reflux, heartburn, or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg BID with meals #60 for date of service 4/02/14-7/02/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton-pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, or dyspepsia which would support provision of Omeprazole. Therefore, the request is not medically necessary.