

Case Number:	CM14-0084925		
Date Assigned:	07/23/2014	Date of Injury:	11/11/2011
Decision Date:	09/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 neck pain, low back pain, shoulder pain, and mid back pain reportedly associated with an industrial injury of January 3, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; intermittent drug testing; and extensive periods of time off of work. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for omeprazole. The prescription for omeprazole was apparently issued via handwritten form dated January 8, 2014, which employed preprinted checkboxes and had no narrative commentary attached. The applicant's attorney subsequently appealed. In a progress note of the same date, January 8, 2014, the applicant was described as having persistent complaints of neck pain, low back pain, and anxiety. There was no mention of any issues with reflux, heartburn, and/or dyspepsia. Norco and Xanax were renewed. The applicant was described as receiving permanent disability. On April 18, 2014, prescriptions for omeprazole and orphenadrine were apparently issued. The applicant was again described as off of work, on total temporary disability. Trigger point injection therapy was sought. The applicant again presented with neck pain, low back pain, and mid back pain. Again, 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 20 mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s) : 68-69.

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 usage of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the provided progress notes made no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would the need for omeprazole. Therefore, the request is not medically necessary.