

<b>Case Number:</b>	CM13-0050403		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, New York, Florida  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 patient is a 46-year-old female who reported an injury on 02/14/2008 after a door opened and struck her in the low back. The patient's treatment history included multiple surgical interventions and conservative treatments. It was noted within the documentation the patient did have H. pylori detected in lab results from 05/17/2013. The patient's most recent clinical documentation reveals the patient has abdominal pain described as 6/10 with complaints of constipation. The patient denied symptoms to include nausea, emesis, diarrhea, dysphagia, melena, hematochezia, hematemesis, and abdominal pain. Physical findings included tenderness to palpation of the epigastrium and lower left quadrant with positive bowel sounds in all 4 quadrants. The patient's diagnoses included gastroesophageal reflux disease, abdominal pain, medication-induced gastritis, constipation, and H. pylori infection resolved. The patient's treatment plan included continuation of medications, increase in water intake, and participation in an exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Omeprazole 20mg #60 (DOS 7/5/13): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC), Pain Procedure Summary: Proton Pump Inhibitors (PPIs) and Mosby's Drug consult: Indications for Omeprazole/Prilosec.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested Omeprazole 20 mg #60 dispensed on 07/05/2013 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient is diagnosed with gastrointestinal esophageal reflux disease and has a history of medication-induced gastritis. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances as result of medication usage. The clinical documentation clearly identifies the patient is at risk for developing gastrointestinal disturbances related to the patient's multiple medications. Therefore, the use of a gastrointestinal protectant is appropriate. As such, the requested is medically necessary and appropriate.

**Retrospective request for Prilosec 20mg #60 (DOS 7/5/13):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC), Pain Procedure Summary: Proton Pump Inhibitors (PPIs) and Mosby's Drug consult: Indications for Omeprazole/Prilosec.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The prospective request for Prilosec 20 mg #60 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient is diagnosed with gastrointestinal esophageal reflux disease and has a history of medication-induced gastritis. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances as result of medication usage. The clinical documentation clearly identifies the patient is at risk for developing gastrointestinal disturbances related to the patient's multiple medications. Therefore, the use of a gastrointestinal protectant is appropriate. As such, the request is medically necessary and appropriate.

**Follow up visit in 8 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC), Pain Procedure Summary: Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd edition: chapter 7; Independent Consultations , pg 163.

**Decision rationale:** The requested follow-up is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient's H. pylori infection is resolved. While the patient does have other gastrointestinal disturbances, the need for continued assessment from a specialist is not clearly indicated within the documentation. American College of Occupational and Environmental Medicine recommends specialty consultations when there is need for additional expertise in the patient's treatment plan. The clinical documentation does not provide any evidence that the patient's medical status cannot be monitored by a primary care physician. Therefore, the need for a consultation follow-up is not clearly identified. As such, the requested decision for a follow-up with is not medically necessary or appropriate.