MAXIMUS Federal Services

Case Number:	CM14-0189982		
Date Assigned:	11/21/2014	Date of Injury:	03/30/2007
Decision Date:	03/11/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 71 year old man sustained an industrial injury on 3/30/2007 which resulted in abdominal pain and a hernia. Current diagnosis is chronic thromboembolic pulmonary hypertension. Evaluations include electrocardiogram, transthoracic echocardiogram, chest x-ray, chest CT scan, ventilation/perfusion scan, lexiscan, and chest MRI. Treatment has included oral medications. No documentation of intiating Omepazole was found. No request for authorization for this medication was found either. Further, no documentation of gastrointestinal symptoms was identified to support the need for this medication. On 10/30/2014, Utilization Review evaluated a prescription for Omeprazole 20mg, that was submitted on 11/13/2014. The UR physician noted that there was no documentation requiring a proton pump inhibitor for treating gastric symptoms associated with other medications used. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg (quantity unknown): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, PPI, NSAIDs, GI risk

Decision rationale: The request for Omeprazole is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPIs is not required unless he is on chronic NSAIDs. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.