

Case Number:	CM14-0195021		
Date Assigned:	12/02/2014	Date of Injury:	09/29/2011
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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 has filed a claim for chronic low back pain, shoulder, hand, knee, and leg pain reportedly associated with an industrial injury of September 29, 2011. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for Omeprazole. The claims administrator suggested that the applicant had alleged multifocal pain complaints secondary to cumulative trauma at work. The claims administrator stated that its decision was based on a September 17, 2014 progress note. The applicant's attorney subsequently appealed. In a handwritten progress note dated July 21, 2014, difficult to follow, not entirely legible, reported ongoing complaints of neck and low back pain. The applicant was using Tramadol, Naprosyn, Flexeril, and Methoderm, it was incidentally noted. The applicant was pending an epidural steroid injection. The applicant was reportedly returned to work with a rather proscriptive 10-pound lifting limitation. The note was difficult to follow and comprised almost entirely of preprinted checkboxes. There was no mention, however, issues with reflux, heartburn, and/or dyspepsia. In an applicant questionnaire dated April 21, 2014, the applicant stated that he was working modified duty. In a handwritten progress note dated October 5, 2014, the applicant again reported multifocal complaints of neck, low back and bilateral hand pain. The applicant was status post ulnar nerve surgery, it was stated. The note was very difficult to follow. Once again, there is no mention of issues of any issues with reflex, heartburn, and/or dyspepsia. On September 17, 2014, the applicant again presented with multifocal neck, low back, and hand pain complaints, 5-7/10. The applicant carried a primary diagnosis of myofascial pain syndrome. MRI imaging of the cervical spine, MRI imaging of the lumbar spine, and eight sessions of physical therapy were sought. A rather proscriptive 10-pound lifting limitation was endorsed, along with topical compounds. There was no mention of any issues with reflux, heartburn, and/or dyspepsia. In an RFA form dated September 17, 2014, extracorporeal

shockwave therapy, a Flurbiprofen containing compound, a Ketoprofen containing topical compound, Naprosyn, Tramadol, Protonix, Flexeril and electrodiagnostic testing of the bilateral upper and bilateral lower extremities were sought.

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, GI symptoms and cardiovascular risk Page(s): 22, 43, 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 12th Edition (web), Pain, Medical Food

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk, Functional Restoration Approach to Chronic Pain Ma.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia in several handwritten progress notes, referenced above. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into its choice of pharmacotherapy. Here, the attending provider did not state why two separate proton pump inhibitors, Omeprazole and Protonix, were being concurrently prescribed/concurrently ordered. Therefore, the request was not medically necessary.