

Case Number:	CM14-0197524		
Date Assigned:	12/05/2014	Date of Injury:	05/08/2008
Decision Date:	01/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehab 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:

This is a 65-year-old female with a date of injury of 5/08/08. Mechanism of injury was pulling a cart stacked with 18 racks of dirty dishes out of an elevator. She injured her low back and left side. She has had extensive treatment to date for diagnoses of lumbar radiculopathy, hip pain, sacroilitis, low back pain and coccyx disorder. Treatment has included therapy, medications, injections, modified activity and even an FRP. She is on multiple medications, including Lyrica, Omeprazole, and Tylenol #3, but is not on chronic NSAIDS. The patient has been using Omeprazole for GI symptoms. Recent reports indicate that Tylenol #3 upsets her stomach, but there are multiple reports discussing abdominal pain, reflux and heartburn. The request for Omeprazole was submitted to Utilization Review with an adverse determination rendered on 11/20/14. The rationale for denial was that the patient was not using chronic NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg caps x30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors

Decision rationale: Guidelines do support use of GI protectants in patients with a history of chronic NSAID use, as there is high risk for adverse GI effects. This patient is not on NSAIDS, however, has a history of heartburn, abdominal pain and reflux. PPI's are indicated for these symptoms, regardless of causation of those symptoms. Medical necessity for Omeprazole is established.