

Case Number:	CM14-0203358		
Date Assigned:	12/15/2014	Date of Injury:	02/28/2011
Decision Date:	02/25/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 patient with a date of injury of 2/28/11. A utilization review determination dated 11/6/14 recommends modification of omeprazole from an unspecified quantity to #60. 9/3/14 medical report identifies that the patient was previously diagnosed with GERD/gastritis and was utilizing Colace and PPI therapy. He still has ongoing symptomatology, especially with respect to upper GI discomfort and a sticking sensation at the lower neck area just behind the manubrium sterni. The patient noted that he underwent an endoscopy previously that showed swelling in the area. The provider recommended an upper GI endoscopy and continuation of omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 10/02/2014;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the provider notes a history of GERD/gastritis and prior treatment with omeprazole. Efficacy with prior use of the medication has not been clearly identified, but a limited amount of the medication would be reasonable to allow for continued use while allowing the provider the opportunity to document efficacy. However, the current request is for an unspecified quantity of medication, and open-ended requests are not supported. The utilization reviewer modified to request to #60 to allow for demonstration of efficacy and ongoing need for the medication, but unfortunately, there is no provision for modification of the current request to allow for an appropriate quantity of medication. In light of the above issues, the currently requested omeprazole is not medically necessary.