

Case Number:	CM14-0204893		
Date Assigned:	12/17/2014	Date of Injury:	10/07/2008
Decision Date:	02/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Pain 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 worker is a 51-year-old female with an original date of injury of October 7, 2008. The industrial diagnoses include orthopedic injuries to the upper extremities, chronic pain syndrome, and a history of gastritis that was felt to be industrially related to NSAID usage. The worker is noted to have developed stomach pains after being prescribed Celebrex. The disputed issue is a request for a Prilosec 20 mg twice a day, number 60. This was requested in a request for authorization on October 29, 2014. A utilization review determination on November 6, 2014 had denied this request. The stated rationale for the denial was that there was minimal clinical documentation, and there was a plan to see if the claimant's gastritis would improve with discontinuation of NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg BID #60: Upheld

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

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

Decision rationale: In the case of this injured worker, there is the assertion that the patient's upset stomach is industrially related. The submitted documentation, however, does not contain information regarding any diagnostic workup of the upset stomach. The first step would be a trial of removing the offending medication, which is the nonsteroidal anti-inflammatory drug. Furthermore, Omeprazole prescribed twice daily is generally reserved for the treatment of known gastric ulcer. A prophylactic dose would only warrant once daily administration. Given the lack of documentation of a gastrointestinal workup, this request is not medically necessary.