

Case Number:	CM14-0205037		
Date Assigned:	12/17/2014	Date of Injury:	10/05/2012
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
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 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 5, 2012. In a Utilization Review Report dated November 21, 2014, the claims administrator denied a request for omeprazole. The claims administrator referenced a November 17, 2014 RFA form and associated progress note of November 14, 2014 in its determination. The applicant's attorney subsequently appealed. In said RFA form of November 17, 2014, Ultracet, Celebrex, and omeprazole were endorsed. In an associated progress note dated November 14, 2014, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities, 6-7/10, exacerbated by lifting, climbing, and walking. The applicant was reportedly doing home exercises daily, it was stated in one section of the note, while another section stated that the applicant was not using a gym. The applicant did report issues with depression but denied any active suicidal ideation. There were no issues with reflux, heartburn, and/or dyspepsia anywhere in the body of the report, the past medical history, or the review of systems section. The applicant was a nonsmoker. Ultracet, Celebrex, and Prilosec were renewed. On May 14, 2014, the applicant reported multifocal complaints of low back pain, hip pain, and shoulder pain. The applicant was given Celebrex in favor of previously prescribed naproxen on the grounds that the applicant had apparently experienced "stomach pain" with naproxen. The applicant was pending Social Security Disability Insurance (SSDI), it was noted. The applicant was using Celebrex, Cymbalta, Lidoderm, naproxen, and Ultracet, it was stated on this date. It appears, thus, that omeprazole was prescribed for the first time on November 14, 2014. The attending provider stated that he was employing omeprazole on a trial basis but did not clearly state whether the applicant had active symptoms of reflux as of this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's experiencing any issues with reflux, heartburn, and/or dyspepsia on the November 14, 2014 progress note on which omeprazole was prescribed. While the applicant had apparently experienced stomach pain at an earlier point in time, it appears that the stomach pain complaints had abated when Celebrex was introduced in favor of previously prescribed naproxen. The attending provider did not explicitly identify any residual issues with reflux on the November 4, 2014 progress note in which omeprazole was prescribed. Therefore, the request was not medically necessary.