

Case Number:	CM14-0205352		
Date Assigned:	12/17/2014	Date of Injury:	04/15/2006
Decision Date:	03/12/2015	UR Denial Date:	11/11/2014
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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 56-year-old male who reported an injury on 01/15/2006; the mechanism of injury was not provided. On 10/28/2014, the injured worker presented for a followup. It was noted that he has controlled gastroesophageal reflux symptoms with Prilosec provided. Upon examination, no significant findings. The diagnoses were gastroesophageal reflux secondary to NSAIDs, hypertension with mild left atrial enlargement, hyperlipidemia, sleep disorder, and elevated liver function test. Current medications included amlodipine, lisinopril, atenolol, Lovaza, and Crestor. The treatment plan included omeprazole DR 20 mg 1 tab by mouth with a quantity of 60. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg 1 Tab PO#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57, 58, 68-69, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

Decision rationale: The request for omeprazole DR 20 mg 1 tab PO #60 is not medically necessary. According to California MTUS, omeprazole is recommended for injured workers with dyspepsia secondary to NSAID therapy and for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The documentation submitted for review notes that the injured worker has had controlled symptoms of gastroesophageal reflux due to Prilosec. The provider recommended omeprazole; however, there is no information on treatment history or efficacy of the prior use of the medication. There is no information on if the provider meant to switch or add omeprazole to the current medication regimen. Additionally, the provided request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.