

Case Number:	CM15-0100140		
Date Assigned:	06/05/2015	Date of Injury:	05/26/2007
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 26, 2007. In a Utilization Review report dated April 28, 2015, the claims administrator failed to approve a request for Prilosec. The UR decision was apparently written in an outline format as opposed to narrative format and was quite difficult to follow. A RFA form received on April 21, 2015 and associated progress notes of April 2, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant reported ongoing complaints of low back pain, 10/10 without medications versus 7/10 with medications. The applicant was asked to continue Neurontin, Norco, Prilosec, and tramadol. There was, however, no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. The applicant did report ongoing complaints of neck pain status post earlier failed cervical spine surgery. The applicant was placed off of work, on total temporary disability. It was not clearly stated for what purpose omeprazole (Prilosec) had been prescribed. On February 12, 2015, the applicant again reported ongoing complaints of low back pain. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. Once again, the applicant was placed off of work, on total temporary disability, while omeprazole, Neurontin, tramadol, and Norco were continued and/or renewed. On April 2, 2015, the applicant was asked to continue naproxen, Flexeril, Neurontin, Norco, tramadol, and Prilosec. The applicant was placed off of work, on total temporary disability. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec- Omeprazole 20mg quantity 30 for 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for Prilosec (omeprazole), a proton pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that proton pump inhibitors such as Prilosec (omeprazole) are indicated in the treatment of NSAID induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone, multiple progress notes, referenced above. Therefore, the request is not medically necessary.