MAXIMUS Federal Services

Case Number:	CM15-0137244		
Date Assigned:	07/27/2015	Date of Injury:	07/08/2009
Decision Date:	09/02/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/15/2015

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 45-year-old who has filed a claim for chronic neck, shoulder, finger, and hand and elbow pain reportedly associated with an industrial injury of July 6, 2007. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced a June 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 8, 2015 progress note, the applicant reported complaints of neck, shoulder, and hand pain. The attending provider stated that the applicant's medications were allowing her to remain functional. The applicant was working, it was suggested. The applicant reported ancillary complaints of paresthesias. Omeprazole, gabapentin, TENS unit supplies, and topical LidoPro cream were endorsed. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. It was not stated why omeprazole is being employed. In a March 4, 2015 progress note, the applicant was given prescriptions for Naprosyn, Prilosec, Neurontin, LidoPro cream, and TENS unit patches. The applicant was working, it was reiterated. The applicant stated on this occasion that her stomach was "better" with omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: Yes, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. Here, the applicant was described as having complaints of NSAID-induced dyspepsia on a progress note of March 4, 2015, reportedly attenuated following introduction of omeprazole (Prilosec). Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.