

Case Number:	CM15-0145107		
Date Assigned:	08/06/2015	Date of Injury:	12/31/2014
Decision Date:	09/23/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/27/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 31, 2014. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator did, however, approve requests for physical therapy, Flexeril, drug testing, and Naprosyn. The claims administrator referenced a May 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 1, 2015, the applicant reported ongoing complaints of low back pain. The applicant was given a 20-pound lifting limitation at work. The claimant was using Motrin for pain relief, it was reported. The claimant's review of systems was described as negative. There was no mention of the claimant's having any issues with dyspepsia on this date. An earlier note of March 17, 2015 likewise made no mention of the claimant's having any issues with reflux, heartburn, and/or dyspepsia. On May 29, 2015, the applicant reported ongoing complaints of low back pain, 7-8/10. The applicant was using Motrin for pain relief. The applicant's past medical history was noncontributory, it was reported. The applicant was given a 30-pound lifting limitation. It was suggested that the applicant was working on a part-time basis in one section of the note. The applicant was described as using Motrin in one section of the note. Toward the bottom of the note, the attending provider stated that he was dispensing Naprosyn, Flexeril, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, 30: 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): 68.

Decision rationale: Yes, the request for Prilosec (omeprazole), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, individuals at heightened risk of developing gastrointestinal complications who, by implication, qualified for prophylactic usage of proton pump inhibitors such as omeprazole for cytoprotective effect include those individuals who are using multiple NSAIDs. Here, the attending provider seemingly prescribed the applicant with Naprosyn on May 29, 2015. The applicant was previously described and using ibuprofen. It did appear that the applicant received prescriptions for two separate NSAID medications in close temporal proximity to each other. Usage of omeprazole was, thus, indicated for cytoprotective effect. Therefore, the request was medically necessary.