

Case Number:	CM15-0147222		
Date Assigned:	08/10/2015	Date of Injury:	02/16/2010
Decision Date:	09/23/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/29/2015

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 51-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of depression reportedly associated with an industrial injury of February 16, 2010. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve a request for Omeprazole while apparently approving requests for Diclofenac and Norco. The claims administrator referenced an RFA form received on June 29, 2015 in its determination, along with an associated progress note of June 25, 2015. The applicant's attorney subsequently appealed. On said June 25, 2015 progress note, the applicant reported ongoing complaints of neck and shoulder pain with derivative complaints of depression. The applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work. The applicant had undergone failed left and right shoulder surgeries, it was reported. The applicant's medications included Ambien, Desyrel, Tizanidine, Prilosec, Pamelor, Norco, Valium, Lipitor, and Elavil, it was reported. Multiple medications, including Norco, Prilosec, and Elavil were renewed. The applicant was deemed disabled, it was acknowledged on the Social History section of the note. The applicant's gastrointestinal review of systems was apparently negative, it was suggested. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on that date. On March 26, 2015, it was again acknowledged that the applicant was off of work. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either in the body of the report or the review of systems of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Magnesium 20mg capsule delayed release #30 with 2 refills: 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, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the June 25, 2015 progress note at issue. Therefore, the request was not medically necessary.