MAXIMUS Federal Services

Case Number:	CM15-0149567		
Date Assigned:	08/12/2015	Date of Injury:	01/12/2001
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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 56-year-old who has filed a claim for chronic hand pain reportedly associated with an industrial injury of January 12, 2001. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced an RFA form received on July 8, 2015 in its determination. The claims administrator suggested that the applicant may in fact have issues with dyspepsia but went on to discount the same. On May 31, 2015, the applicant reported having issues with delusions, hallucinations, feelings of worthlessness and suicidal ideation. The applicant was unemployed, it was reported. The applicant was given a diagnosis of schizoaffective disorder. The applicant's medication list included Effexor, Topamax, Risperdal, Lyrica, niacin, Synthroid, TriCor, Pepcid, Lipitor, and albuterol, it was reported. The applicant denied any illicit substance usage. The applicant's GI review of systems was negative on this date, it was reported toward the bottom of the note; however, the applicant was given a diagnosis of gastroesophageal reflux disease (GERD) and asked to employ ranitidine for the same. On March 30, 2015, the applicant pain management physician suggested that the applicant employ omeprazole for issues associated with medication-induced reflux. On September 26, 2011, the medical-legal evaluator reported that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40mg #30: Overturned

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: 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 or, by analogy, the stand-alone dyspepsia seemingly present here. The applicant was described as having issues with gastroesophageal reflux disease (GERD) present both on the clinical progress note of March 30, 2015 and on a psychiatric admission, history and physical dated May 31, 2015. Introduction, selection, and/or ongoing usage of omeprazole was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.