

Case Number:	CM15-0168963		
Date Assigned:	09/14/2015	Date of Injury:	08/17/1998
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of August 17, 1998. In a Utilization Review report dated August 5, 2015, the claims administrator failed to partially approve a request for GlycoLax and Omeprazole. The applicant's attorney subsequently appealed via a letter dated August 24, 2015. The applicant's attorney acknowledged that the applicant had been deemed "100% disabled." In a progress note July 21, 2015, the applicant reported ongoing complaints of low back, neck, knee, and hip pain. The applicant was status post total hip replacement procedure. The applicant had received psychotherapy. The applicant was using Lidoderm patches, MiraLax, and Omeprazole, it was reported. The applicant was also using Aleve. The applicant was using Omeprazole to combat issues with Aleve-induced dyspepsia, it was reported. The applicant was using GlycoLax for constipation, the treating provider reported. The attending provider acknowledged that the applicant was off of work, had been deemed 100% disabled, was receiving massage therapy and was not engaging in a regular exercise program.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Yes, the request for Omeprazole (Prilosec), 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 (Prilosec) are indicated in the treatment of NSAID- induced dyspepsia, as was seemingly present here on July 21, 2015. The attending provider contended that the applicant developed issues with Naprosyn-induced dyspepsia. Ongoing usage of Prilosec, thus, was indicated to combat the same. Therefore, the request was medically necessary.

Glycolax 1x month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1843963>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

Decision rationale: Conversely, the request for GlycoLax, a laxative agent, was not medically necessary, medically appropriate, or indicated here. The attending provider reported on July 21, 2015 that the applicant was using GlycoLax for issues with constipation. While page 77 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that the prophylactic treatment for constipation should be initiated in applicants using opioids, here, however, there was no mention of the applicant's using any opioids as of the July 21, 2015 office visit in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider did not clearly state whether or not ongoing usage of GlycoLax was or was not proving effective in ameliorating issues with constipation of unknown origin. Therefore, the request was not medically necessary.