

Case Number:	CM15-0184881		
Date Assigned:	09/25/2015	Date of Injury:	03/12/2011
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 39 year old male, who sustained an industrial injury on 3-12-2011. He reported a low back injury from heavy lifting. Diagnoses include lumbar sprain, knee derangement, and gastroesophageal reflux disease (GERD). Treatments to date include medication therapy for GERD, altered diet, and cessation of oral pain medication. The records indicated he complained of "burning in the stomach" in March 2015. The plan of care included Protonix 20 mg twice a day and Zantac 150mg twice a day. On 4-14-15, the physical examination documented Prilosec and Zantac were not successful in reducing symptoms, and Protonix was the only thing helping. There was complaint of pain in mid-epigastric region and right upper quadrant of the abdomen, sour taste in the mouth, and regurgitation. Protonix 20mg twice a day was prescribed. Then on 5-26-15, the evaluation documented he was taking Protonix, one in the morning and two at night for relief. In July 2015, the provider requested authorization for Aciphex. On 8-25-15, the record documented antibiotics were prescribed for positive H. Pylori testing, along with Prilosec (omeprazole) for 14 days #28. The appeal requested authorization for Omeprazole 20mg capsules #28, no refills. The Utilization Review dated 9-9-15, non-certified this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole capsules 20mg quantity 28: Upheld

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 based on Non-MTUS Citation Prilosec prescribing information.

Decision rationale: The claimant sustained a work injury in March 2011 and is being treated for chronic low back pain and bilateral knee pain and has severe gastroesophageal reflux disease. Medications have included Zantac, Protonix, and omeprazole and he is being treated for H. pylori infection. An ultrasound of the abdomen showed findings of hepatosteatorosis. When seen, there was decreased lumbar range of motion. Prilosec (omeprazole) is a proton pump inhibitor indicated for the treatment of gastric and duodenal ulcers, gastroesophageal reflux disease, maintenance of healing of erosive esophagitis, and for the treatment of pathological hypersecretory condition. In this case, proton pump inhibitors have not been of benefit in treating the claimant's condition. He is not taking an oral NSAID. Prescribing omeprazole without further evaluation of the claimant's condition is not medically necessary.