MAXIMUS Federal Services

Case Number:	CM15-0199593		
Date Assigned:	10/14/2015	Date of Injury:	08/06/2010
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/10/2015

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 62-year-old who has filed a claim for chronic hand pain reportedly associated with an industrial injury of August 6, 2010. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced an August 27, 2015 office visit in its determination, along with an RFA form dated September 3, 2015. The applicant's attorney subsequently appealed. On an RFA form dated September 3, 2015, Relafen, Pamelor, Prilosec, an elbow splint, and Motrin were all seemingly endorsed. On an associated progress note dated "September 1, 2015" in one section of the note and August 27, 2015 in another section of the note, the applicant was described as having ongoing complaints of wrist and hand pain. Relafen, Pamelor, and Prilosec were all prescribed on this date. On July 5, 2015, Motrin, Prilosec, and Elavil were prescribed.

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, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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, applicants who use multiple NSAIDs are at heightened risk for development of adverse gastrointestinal events and, thus, do qualify for prophylactic usage of proton pump inhibitors such as omeprazole for cytoprotective effect purposes. Here, RFA forms dated September 3, 2015 suggested that the applicant was concurrently using 2 NSAIDs, Motrin and Relafen. Usage of omeprazole was, thus, indicated for cytoprotective effect purposes, given the applicant's concurrent usage of multiple anti-inflammatory medications. Therefore, the request was medically necessary.