MAXIMUS Federal Services

Case Number:	CM15-0199596		
Date Assigned:	10/14/2015	Date of Injury:	06/04/2012
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
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 61-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 4, 2012. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for omeprazole (Prilosec). The claims administrator referenced a September 8, 2015 office visit in its determination. On said September 8, 2015 office visit, the attending provider sought authorization for Norco, naproxen, Neurontin, and Prilosec. The applicant's low back pain complaints were described as progressively worsening over time. The applicant had alleged development of low back pain secondary to cumulative trauma at work, the treating provider acknowledged. The applicant exhibited a visibly antalgic gait, it was reported. The applicant was given multiple medication refills, including that of omeprazole. There was, however, no seeming mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed release capsule 20 mg, 1 capsule orally twice daily as needed 30 days #60 with no refills: Upheld

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: No, the request for omeprazole (Prilosec), 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 September 8, 2015 office visit at issue. It was not clearly stated for what issue, diagnosis, and/or purpose omeprazole had been employed, nor did the attending provider outline whether or not ongoing usage of omeprazole was or was not proving beneficial for whatever role was being employed. Therefore, the request was not medically necessary.