

Case Number:	CM15-0204323		
Date Assigned:	10/21/2015	Date of Injury:	06/15/2011
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 15, 2011. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing complaints of low back pain. The applicant also had ancillary issues of shoulder pain, unspecified psychiatric diagnoses, erectile dysfunction, and unspecified gastrointestinal diagnoses, the treating provider reported. Overall commentary was sparse. There was no explicit mention that the applicant was having issues with reflux, heartburn, and/or dyspepsia on this occasion. The applicant was also described to have unspecified hepatic issues. The applicant was placed off of work, on total temporary disability. Omeprazole was endorsed. There was no mention of whether or not ongoing usage of omeprazole was or was not beneficial for whatever role it was being employed. On May 20, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant was using Neurontin, Zanaflex, Motrin, Prilosec, topical compounds, Xanax, Restoril, BuSpar, Zolof, trazodone, and Desyrel, it was reported. The applicant was off of work and had not worked since March 2013, the treating provider reported. Multiple epidural steroid injections had failed to generate any benefit, the treating provider acknowledged. Once again, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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 inhibitor such as omeprazole 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. The September 16, 2015 office visit made no motion of the applicant's having issues with reflux, heartburn, and/or dyspepsia. It was not clearly stated for what purpose omeprazole was being employed and/or whether or not omeprazole was or was not effective for whatever purpose it had been prescribed for. Therefore, the request was not medically necessary.