

Case Number:	CM15-0205301		
Date Assigned:	10/22/2015	Date of Injury:	01/16/2012
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
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 [REDACTED] beneficiary who has filed a claim for chronic neck and knee pain reportedly associated with an industrial injury of January 16, 2012. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for omeprazole. A September 14, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On September 20, 2015, the attending provider appealed previously denied medications. The applicant had undergone earlier failed lumbar spine surgery, the treating provider reported, and was off of work, on total temporary disability. The applicant had apparently tested positive for marijuana, the treating provider reported. The attending provider stated that omeprazole was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). The applicant was 52 years old, the attending provider reported. The applicant's medications included Percocet, Vicodin, Norco, Flexeril, Ambien, Toradol, Ativan, Elavil, Desyrel, and omeprazole, the treating provider reported in one section of the note.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Guidelines for Proton pump inhibitors.

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, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated on his September 20, 2015 appeal letter that omeprazole was being employed for cytoprotective effect (as opposed to actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton inhibitors. Specifically, the applicant was less than 65 years of age (age 62, per the attending provider), was only using one NSAID, Toradol, was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request is not medically necessary.