MAXIMUS Federal Services

| Case Number: | CM15-0025648 | | |
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| Date Assigned: | 02/18/2015 | Date of Injury: | 12/06/2011 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

## 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, Ohio, 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] employee who has filed a claim for generalized abdominal pain reportedly associated with an industrial injury of December 6, 2011.In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced a January 3, 2015 progress note. The claims administrator noted that the applicant presented with complaints of abdominal pain on that date, it is incidentally noted. The applicant's attorney subsequently appealed.On July 10, 2014, the applicant presented with abdominal pain status post ventral hernia repair. CT imaging of the abdomen and pelvis was endorsed. The applicant was asked to employ tramadol for abdominal pain. The applicant had a history of a gunshot wound to the abdomen resulting in an exploratory laparotomy, it was incidentally noted. There was no mention of issues with reflux, heartburn, or dyspepsia. On August 19, 2014, the applicant was described as having a residual ventral hernia. Once again, there was no mention of issues with reflux, heartburn, or dyspepsia.In a medical-legal evaluation dated August 12, 2014, the applicant reported ongoing issues with abdominal pain. The applicant was apparently working modified duty at [redacted]. The applicant had been injured during a gunshot wound during a robbery. The applicant was represented, it was incidentally noted. The applicant was on tramadol for pain relief. The applicant's past medical history was reportedly unremarkable. A 20-pound lifting limitation was endorsed. There was no mention of issues with reflux, heartburn, or dyspepsia evident on this occasion.The applicant received ventral herniorrhaphy procedure on October 3, 2014. Progress notes of December 5, 2014 and January 5, 2015 contained no mention of the applicant's having

issues with reflux, heartburn, and/or dyspepsia. On January 5, 2015, the applicant did have issues with abdominal pain and tenderness about the wound. Tramadol and omeprazole were refilled while the applicant was placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8.

**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 to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's personally experiencing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any recent progress notes provided. The attending provider did not clearly state for what purpose omeprazole was being employed. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider discuss the efficacy of the medication for the particular condition for which it is being prescribed. Here, such discussion was lacking. Therefore, the request was not medically necessary.