MAXIMUS Federal Services

Case Number:	CM15-0219438		
Date Assigned:	11/12/2015	Date of Injury:	10/25/2013
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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 shoulder and back pain reportedly associated with an industrial injury of October 25, 2013. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for omeprazole. An October 2, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 6, 2015, the applicant reported ongoing issues with left lower extremity, left shoulder, and low back pain. The applicant was not employed, it was reported in the Social History section of the note. The applicant's gastrointestinal review of systems was negative for heartburn, abdominal pain, and indigestion, the treating provider reported. Trepidone, Prilosec, naproxen, Theramine, and Sentra were all dispensed. A TENS-EMS device was endorsed. On September 8, 2015, the applicant's gastrointestinal review of systems was, once again, described as negative for indigestion or heartburn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Prilosec/Omperazole DR 20 mg 30 day supply #30, DOS: 9/8/2015: 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 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 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 October 6, 2015 office visit at issue. The applicant's GI review of systems was negative on that date, the treating provider reported, and also noted on earlier note dated September 8, 2015 that the applicant explicitly denied issues with heartburn or indigestion in the Gastrointestinal Review of Systems section of the same. Therefore, the request was not medically necessary.