

<b>Case Number:</b>	CM15-0031225		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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] who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 17, 2011. In a Utilization Review Report dated January 30, 2015, the claims administrator failed to approve a request for omeprazole. An RFA form received on January 20, 2015 was reference in its determination, along with the progress note dated January 13, 2015. The applicant's attorney subsequent appealed. On August 28, 2014, the applicant was given Wellbutrin, tramadol, Prilosec, and diclofenac. 7/10 pain complaints were reported. The attending provider's documentation was somewhat incongruous but did seemingly suggest that omeprazole was attenuating the applicant's symptoms of reflux. Another section of the note, somewhat incongruously, stated that omeprazole was being employed for gastro-protective effect as opposed to for actual symptoms of reflux. A progress note of December 16, 2014 suggested that the applicant was using Levoxyl, Vicodin, aspirin, and Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg # 50:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Yes, the request for omeprazole, a proton-pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, as was/is present here. The attending provider reported, furthermore, that ongoing usage of omeprazole had effectively attenuated the applicant's symptoms of reflux. It is further noted that page 68 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants who are at heightened risk for adverse gastrointestinal events too, by implication, qualify for prophylactic usage of proton pump inhibitors such as omeprazole including those individuals who are using multiple NSAIDs and/or Naprosyn. Here, it does appear that the applicant is using a variety of NSAIDs, including diclofenac and Naprosyn, in addition to aspirin. Ongoing usage of omeprazole was, thus, indicated, for all of the stated reasons. Therefore, the request was medically necessary.