

<b>Case Number:</b>	CM15-0032981		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 53-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 21, 2014. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for omeprazole. The applicant's attorney subsequently appealed. In a January 6, 2015 progress note, the attending provider furnished the applicant with prescriptions for Naprosyn and Prilosec (omeprazole) owing to ongoing complaints of low back and elbow pain. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. The applicant was asked to pursue physical therapy. The applicant was apparently off of work owing to mental health issues. A rather proscriptive 10-pound lifting limitation was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), 2011.

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

**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 are indicated in the treatment of NSAID-induced dyspepsia, in this case, 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 January 6, 2015 progress note at issue. Therefore, the request was not medically necessary.