

Case Number:	CM15-0044869		
Date Assigned:	03/17/2015	Date of Injury:	11/02/2012
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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, 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 62-year-old who has filed a claim for chronic knee, wrist, and low back pain reportedly associated with an industrial injury of November 2, 2012. In a Utilization Review Report dated February 26, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced a February 6, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. In a progress note dated August 13, 2014, the applicant reported ongoing complaints of knee, low back, and wrist pain. The applicant was given Prilosec, Naprosyn, and Flexeril. It was suggested that Prilosec was given for gastric protective effect as opposed to for actual symptoms of reflux. A carpal tunnel release procedure was proposed. The applicant went on to receive a carpal tunnel release procedure on December 22, 2014. On February 6, 2015, the applicant reported multifocal complaints of knee, wrist, and low back pain. Once again, Prilosec was dispensed, seemingly for gastric protective effect as opposed to for actual symptoms of reflux.

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 Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk` Page(s): 68-69.

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

Decision rationale: No, the request for Prilosec (omeprazole) was not medically necessary, medically appropriate, or indicated here. The attending provider's documentation suggested that Prilosec was being given for gastric protective effect as opposed to for 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 usage of proton pump inhibitors. Specifically, the applicant is less than 65 years of age (age 62), is only using one NSAID, Naprosyn, is not using NSAIDs in conjunction with corticosteroids, and does not have a history of prior GI bleeding and/or peptic ulcer disease. Therefore, the request was not medically necessary.