

Case Number:	CM15-0056112		
Date Assigned:	04/01/2015	Date of Injury:	04/12/2010
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/24/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 12, 2010. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for omeprazole. A progress note of February 18, 2015 and an associated RFA form of February 20, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said February 18, 2015 progress note, the applicant reported ongoing complaints of low back pain. Tramadol, Ambien, and omeprazole were endorsed. The applicant had ongoing complaints of low back pain with derivative complaints of depression, anxiety, and insomnia, it was acknowledged. There was, however, no mention of the applicant is having any issues with reflux, heartburn, and/or dyspepsia. The applicant's GI review of systems was reportedly "normal," the treating provider reported. An earlier progress note of January 16, 2015 likewise contained no references to issues with reflux, heartburn, and/or dyspepsia. It was acknowledged that the applicant was status post earlier failed lumbar spine surgery, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

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 (Prilosec) are indicated to combat issues with 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 progress notes of February 19, 2015 and January 16, 2015. Therefore, the request was not medically necessary.