

Case Number:	CM15-0056221		
Date Assigned:	04/01/2015	Date of Injury:	06/03/2011
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
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 62-year-old who has filed a claim for chronic neck, shoulder, wrist, hand, ankle, and foot pain reportedly associated with an industrial motor vehicle accident (MVA) of January 3, 2011. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for Prilosec. The claims administrator referenced a RFA form of February 26, 2015, in its determination. The claims administrator noted that the applicant had undergone earlier failed cervical fusion surgery and had received epidural steroid injection therapy. The applicant's attorney was subsequently appealed. In an undated RFA form, Norco, Naprosyn, and Prilosec were renewed. On October 22, 2014, the applicant reported ongoing complaints of neck and low back pain with associated myofascial and radicular pain complaints. The treating provider posited that the applicant was potentially a candidate for further cervical spine surgery. There was no mention of the applicant's having any issues of reflux, heartburn, and/or dyspepsia on this occasion. In a medical-legal evaluation dated October 3, 2014, the applicant presented with neck pain, shoulder pain, wrist pain, hand pain, low back pain, ankle pain, and foot pain with ancillary complaints of sleep disturbance and depression, work restrictions were endorsed. It was suggested that the applicant was not working as of this point in time. There was no mention of the applicant having any issues with reflux, heartburn, and/or dyspepsia present on this date. On February 11, 2015, the applicant reported ongoing complaints of neck pain status post earlier failed cervical fusion surgery. The applicant was using Naprosyn, Zofran, Prilosec, and Norco, it was acknowledged. The applicant was off work, on total temporary disability, the attending provider acknowledged, and had not worked since

2012. Multiple medications were renewed, including the Prilosec at issue. There was no mention of the applicant having any issues with reflux or heartburn, either in the body of the report or in the past medical history section of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 78.

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

Decision rationale: No, the request for Prilosec (omeprazole), 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 inhibitor such as omeprazole 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 evident on the multiple office visits, referenced above. Therefore, the request was not medically necessary.