

Case Number:	CM15-0058339		
Date Assigned:	04/03/2015	Date of Injury:	05/25/2007
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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 63-year-old who has filed a claim for chronic neck, shoulder, and hand pain reportedly associated with an industrial injury of May 25, 2007. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for Prilosec. The claims administrator referenced a RFA form received on February 19, 2015 in its determination, along with an associated progress note of February 9, 2015. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of neck, hand, and shoulder pain, 5-10/10. The applicant's medication list included Norco, Prilosec, Xanax, Imitrex, Fioricet, and Celebrex. Norco, Celebrex, and Prilosec were endorsed. The applicant was given work restrictions. It was suggested that the applicant, had returned to work with said limitations in place. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. On January 6, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was using Norco, Prilosec, Xanax, and Celebrex. It was again stated that the applicant was working regular duty. Multiple medications were refilled. Once again, it was not stated for what purpose Celebrex had been prescribed. There was likewise no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. In an earlier note dated November 6, 2014, the applicant stated that she had some mild GI upset with various medications, but that Prilosec had effectively attenuated the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 20mg #60 BID: Overturned

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

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

Decision rationale: Yes, the request for Prilosec (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 inhibitor such as Prilosec (omeprazole) are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here. The attending provider reported on November 6, 2014 that ongoing usage of Prilosec had attenuated the applicant's issues with dyspepsia. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.