

Case Number:	CM15-0073899		
Date Assigned:	04/30/2015	Date of Injury:	12/28/1990
Decision Date:	10/16/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/17/2015

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: California

Certification(s)/Specialty: Family Practice

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 injured worker is a 62-year-old female, who sustained an industrial injury on 12-29-1990. The medical records indicated that injured worker was being treated for asthma. Treatment to date has included diagnostics and medications. On 6-24-2014 (per the pulmonary history and physical), the injured worker complains of persistent asthma. Her past medical history was documented to include asthma, low back pain, and diabetes. Her current outpatient medications included Albuterol inhaler, Albuterol (nebulized), Advair inhaler, Lasix, Vicodin, Xolair, Deltasone, Desyrel, and Nasacort. Gastrointestinal exam on 6-24-2014 noted abdominal pain, anorexia, nausea or vomiting, dysphagia, change in bowel habits, black or bloody stools, heartburn, or symptoms of aspiration. Her abdomen was soft, non-tender, and non-distended, with positive bowel sounds. A colonoscopy (6-2008) was documented as "normal". A supplemental follow-up report (3-19-2015) noted severe and persistent asthma, despite resuming Omalizumab, daily need for rescue inhaler, and frequent bursts of systemic steroids. It was documented that her most recent PFT's (pulmonary function tests), while on aggressive therapy, showed a decline in her FEV1, compared to 2102. A trial of Omeprazole was recommended to see if there was any possible component of GERD (gastroesophageal reflux disease). The current treatment plan included Omeprazole magnesium (Prilosec OTC) 20mg (1 tablet daily) #90 with 3 refills, non-certified by Utilization Review on 3-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole magnesium (Prilosec OTC) 20mg 1 tablet po daily #90 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter/Proton-pump inhibitors (PPIs).

Decision rationale: The request is for Omeprazole to determine if there is a possible component of GERD for the injured worker's diagnosis of asthma. Per ODG's pulmonary chapter, "Proton-pump inhibitors (PPIs) are not recommended as a treatment for asthma or chronic cough. Current treatment of extra-esophageal symptoms with acid suppression is controversial. Although improvement in symptoms has been shown in case series, it has not been consistent in randomized controlled studies. (Long, 2007) A parallel group, double blind study in 412 participants with inadequately controlled asthma with no to minimally symptomatic GERD, a proton pump inhibitor (esomeprazole) was found to have no affect on their asthma control. (The American Lung Association Asthma Clinical Research Centers, 2009)" The request for Omeprazole magnesium (Prilosec OTC) 20mg 1 tablet po daily #90 refills 3 is therefore not medically necessary and appropriate.