

<b>Case Number:</b>	CM15-0085333		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 54-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of October 13, 2010. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for omeprazole. A RFA form dated April 6, 2015 and associated progress note dated January 30, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of low back, neck, and shoulder pain with derivative complaints of headaches, depression, psychological stress, and insomnia. The applicant's gastrointestinal review of systems was positive for heartburn, it was suggested. On November 26, 2014, the applicant again reported ongoing complaints of neck, low back, and shoulder pain with derivative complaints of headaches. The applicant's review of systems was positive for heartburn, it was reported. Ambien, Ativan, Norco, omeprazole, and Terocin were prescribed on December 1, 2014 and on January 22, 2015. On February 27, 2015, the applicant was given omeprazole for gastrointestinal irritation, it was reported. 8-9/10 complaints of low back pain were noted. The applicant was also given prescriptions of Ambien, Ativan, Norco, and prednisone, it was incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole tab 20mg#60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids 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 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 inhibitors such as omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here. Multiple progress notes, referenced above, suggested that the applicant was experiencing symptoms of reflux and/or heartburn. Ongoing usage of omeprazole, thus, was indicated to combat the same. Therefore, the request was medically necessary