

Case Number:	CM14-0165930		
Date Assigned:	10/13/2014	Date of Injury:	05/21/2008
Decision Date:	11/14/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old female with an original industrial injury on May 21, 2008. The accepted body regions as part of the industrial claim include the cervical spine, lumbar spine, and right shoulder. The patient has had management with physical therapy, tens unit, and pain medications. The disputed issue is a request for omeprazole. A utilization review determination on October 7, 2014 had noncertified this request. The stated rationale included the fact that the patient was not documented to be on a NSAID at the time of the request. Furthermore, the reviewer commented that a recent report "does not document functional improvement from Omeprazole."

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (.).

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

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID

therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Although extensive records were submitted, there is none to identify gastrointestinal risk factors. More recent notes such as the one on June 26, 2014 only document "refill omeprazole" without specifying further rationale. In light of the above issues, the currently requested omeprazole is not medically necessary.