

Case Number:	CM14-0212989		
Date Assigned:	12/30/2014	Date of Injury:	11/02/2007
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 2, 2007. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for omeprazole. The claims administrator did state, somewhat incongruously, the applicant had intermittent issues with gastritis. The November 5, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On November 5, 2014, the applicant reported persistent complaints of low back and leg pain, 6/10. The applicant's medications included Vicodin, Zocor, Plavix, Prilosec, Lopressor, metformin, Zestril, BuTrans, and bethanechol. The applicant's past medical history is notable for hypertension, diabetes, and nephrolithiasis. The applicant's work status was not clearly stated, although the attending provider did seemingly suggest that the applicant was disabled in one section of the note. The applicant had sustained a stroke. The applicant's gastrointestinal review of systems was reportedly negative, it was stated. Permanent work restrictions, BuTrans, and omeprazole were renewed. In an October 10, 2014, medical-legal evaluation, the medical-legal evaluation suggests that the applicant's GI complaints were well controlled on omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg EC Twice a Day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia or, by implication, the standalone issues with dyspepsia and/or gastritis, which appear to be present here. On October 10, 2014, the applicant's medical legal evaluator suggested that omeprazole had effectively attenuated the applicant's symptoms of reflux. Continuing the same, on balance, was/is indicated. Therefore, the request was medically necessary.