

Case Number:	CM15-0004300		
Date Assigned:	01/13/2015	Date of Injury:	08/31/2010
Decision Date:	03/18/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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: Physical Medicine & Rehabilitation

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 patient is a 41 year old male with an injury date on 08/31/2010. Based on the 11/10/2014 progress report provided by the treating physician, the diagnosis is: 1. Major depressive disorder, Single episode, Moderate. According to this report, the patient complains of "depression has gotten worse in the last three month." Physical exam indicates that the patient has "no hallucinations or delusions. Suicidal ideation: several times a week without plan." The patient's current medications are Naproxen, Menthoderm, Omeprazole, Venlafaxine, Clonazepam, and Carbamazepine. The treatment plan is to discontinue Clonazepam and begin Mirtazapine, and continue Venlafaxine and Omeprazole. The patient's work status is "deferred to the Primary Treating Physician." The 10/28/2012 report indicates the patient "feel a bit better since the last therapy session." There were no other significant findings noted on this report. The utilization review denied the request for Omeprazole 20mg #30 on 12/09/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 03/28/2014 to 01/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Omeprazole 20mg: Upheld

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

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

Decision rationale: According to the 11/10/2014 report, this patient presents with "depression" and has "gotten worse in the last three month." The current request is for 30 Omeprazole 20mg and this medication was first noted in the 07/14/2014 report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Naproxen (an NSAID) and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.