

<b>Case Number:</b>	CM15-0015973		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 47-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 10, 2012. In a Utilization Review report dated December 29, 2014, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced a December 16, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On June 4, 2014, the applicant reported ongoing complaints of low back and knee pain. The applicant was given refills of Prilosec, Norflex, Medrox, Naprosyn, and Norco. Permanent work restriction imposed by medical-legal evaluator were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. 12 sessions of physical therapy were sought. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this occasion. On December 16, 2014, the applicant again reported unchanged complaints of low back and bilateral knee pain. Prilosec, Norflex, Naprosyn, Norco, and a topical capsaicin cream were endorsed. A 20-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant was status post knee surgery, it was incidentally noted. Once again, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-69.

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

**Decision rationale:** No, the request for omeprazole (Prilosec), a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that proton-pump inhibitor such as Prilosec are indicated in the treatment of NSAID-dyspepsia, here, however, there was no mention of the applicant's having issues of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in multiple office visits, referenced above, of mid and late 2014. Therefore, the request was not medically necessary.