

Case Number:	CM15-0112332		
Date Assigned:	06/18/2015	Date of Injury:	12/22/1992
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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 56-year-old who has filed a claim for chronic knee, shoulder, and wrist pain reportedly associated with an industrial injury of December 22, 1992. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced a May 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing complaints of knee pain status post multiple prior knee surgeries. The applicant was a qualified injured worker and had been off of work since 1992, the treating provider acknowledged. Ancillary complaints of shoulder pain status post multiple shoulder surgeries was also reported. The applicant was given refills of naproxen, Norflex, Norco, Prilosec, glucosamine, and senna. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. In an April 13, 2015 progress note, handwritten, difficult to follow, not entirely legible, the applicant again reported multifocal pain complaints, primarily emanating from the knee. Naproxen, Norflex, Prilosec, Norco, and senna were renewed. Once again, it was not clearly stated for what issue, diagnosis, and/or purpose Prilosec had been endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

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