

Case Number:	CM15-0124141		
Date Assigned:	07/08/2015	Date of Injury:	10/21/2008
Decision Date:	08/11/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/26/2015

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 [REDACTED] beneficiary who has filed a claim for chronic wrist, arm, ankle and low back pain reportedly associated with an industrial injury of October 21, 2008. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for Prilosec (omeprazole). The claims administrator referenced an RFA form received on June 1, 2015 in its determination. The applicant's attorney subsequently appealed. On April 17, 2015, the applicant reported ongoing complaints of GI complications associated with medication consumption. The applicant was apparently using Prilosec for the same. The applicant's medication list included Prilosec, Ultracet, Voltaren, Elavil, and topical LidoPro cream, it was reported. Multiple medications were renewed. In an applicant questionnaire dated June 9, 2015, the applicant acknowledged that she was not working and seemingly suggested that she did have issues with stomach upset/dyspepsia present at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Yes, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, as was seemingly present here in form of the applicant's oral Voltaren-induced dyspepsia. Both an applicant questionnaire and a progress note of mid-2015 acknowledged that the applicant was in fact having issues with medication-induced dyspepsia. Introduction, selection, and/or ongoing usage of Prilosec (omeprazole) was, thus, indicated to combat the same. Therefore, the request was medically necessary.