

<b>Case Number:</b>	CM15-0127048		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 25, 2013. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve requests for omeprazole and Docuprene. A May 19, 2015 office visit was referenced in the determination. The claims administrator did apparently approved Tylenol No. 4 for weaning or tapering purposes. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported ongoing complaints of neck and low back pain, 7-8/10. The applicant's pain was poorly controlled. The applicant was using Relafen and Prilosec, it was reported. The applicant had responded suboptimally to earlier epidural steroid injection therapy, it was reported. Tylenol No. 4 was endorsed on this date. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date. On June 16, 2015, the applicant was placed off of work, on total temporary disability, owing to complaints of low back and foot pain. An earlier progress note of April 13, 2015 was also notable for commentary that the applicant was not working. Complaints of foot and back pain were reported. The applicant was advised to employ a postoperative shoe for foot pain complaints. The applicant was kept off of work. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. On April 24, 2015, it was stated that the applicant was using Tylenol No. 4, Docuprene, and Prilosec. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date. 6/10 pain without medications versus 5/10 with medications was reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Omeprazole 20 mg #90 with a dos of 5/19/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

**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, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge the 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 issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in multiple progress notes, referenced above. Therefore, the request was not medically necessary.

**Retro Docuprene #60 with a dos of 5/19/2015:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

**Decision rationale:** Conversely, the request for Docuprene, a laxative agent/stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioid agents. Here, the applicant was, in fact, using Tylenol No. 4, an opioid agent. Concurrent provision of Docuprene, a laxative agent, was, thus, indicated in conjunction with the same. Therefore, the request was medically necessary.