

<b>Case Number:</b>	CM15-0148513		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	03/19/2015
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 37-year-old who has filed a claim for upper back pain reportedly associated with an industrial injury of March 19, 2015. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced a progress note dated July 6, 2015 in its determination. The applicant's attorney subsequently appealed. On July 6, 2015, the applicant reported multifocal complaints of neck, mid back, and low back pain. Naprosyn, Prilosec, and 12 sessions of physical therapy were endorsed. It was stated that Prilosec was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). The applicant was off-of work, on total temporary disability, it was reported. The applicant apparently denied any significant past medical history. The applicant's current medications included Norflex, Relafen, and Tylenol, it was reported toward the top of the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Cap 20 mg, sixty count:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Yes, the request for omeprazole (Prilosec), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. The attending provider's July 6, 2015 progress note suggested that the applicant was in fact employing Prilosec (omeprazole) for cytoprotective effect (as opposed to for actual symptoms of reflux). Page 68 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants who are at heightened risk for development of adverse gastrointestinal events who, by implication, qualify for prophylactic usage of proton pump inhibitors include those individuals who are using multiple NSAIDs. Here, the attending provider's progress note of July 6, 2015 did seemingly suggest (but did not clearly state) that the applicant was using two separate NSAIDs, Naprosyn and Relafen. Concomitant provision of omeprazole for cytoprotective effect purposes was, thus, indicated. Therefore, the request was medically necessary.