

Case Number:	CM15-0027453		
Date Assigned:	03/18/2015	Date of Injury:	01/25/2013
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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 52-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 25, 2013. In a utilization review report dated February 5, 2015, the claims administrator denied a request for omeprazole while conditionally denying a request for TENS unit patches. The claims administrator referenced a January 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 4, 2015, the applicant's primary treating provider (PTP), chiropractor (DC) noted that the applicant had multifocal complaints of neck, mid back, and low back pain. In a medical progress note dated January 8, 2015, the applicant was given prescriptions for Naprosyn, Flexeril, Neurontin, and omeprazole. The applicant had exhausted both unemployment compensation and Workers' Compensation Indemnity benefits, it was acknowledged and was now in the process of filing for Social Security Disability Insurance (SSDI), it was acknowledged. The attending provider stated that the applicant did not have any GI side effects. It was not stated why the applicant was using omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective omeprazole 20mg quantity 60 (DOS: 01/08/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & 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 that proton-pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention that the applicant is having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone on or around the date of service, January 8, 2015. Therefore, the request was not medically necessary.