

<b>Case Number:</b>	CM15-0063746		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 25-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 2014. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for omeprazole and a functional restoration program evaluation. A February 26, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an appeal letter dated April 3, 2015, the applicant reported ongoing complaints of low back pain at age 24. The applicant was not working. An epidural steroid injection therapy had proven unsuccessful. The applicant had also had physical therapy which had likewise proven unsuccessful, as had acupuncture, bracing, manipulation, and a TENS unit. The applicant was using Norco, Naprosyn, Protonix, and Ambien, it was acknowledged. The applicant had developed deconditioning secondary to fear-avoidant behavior, it was suggested. A functional restoration program evaluation was proposed. On March 23, 2015, the attending provider appealed previous denials for both omeprazole and the functional restoration program evaluation. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this occasion, however. The applicant was apparently not working and was not doing household chores, exercising, or socializing secondary to pain, it was suggested. The note was highly templated and quite similar to the subsequent appeal letter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 to combat issues with NSAID-induced dyspepsia, in this case, 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 appeal letters, referenced above. Therefore, the request was not medically necessary.

**Functional Restoration Program Initial Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

**Decision rationale:** Similarly, the proposed functional restoration program evaluation was likewise not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission in a multidisciplinary pain management program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there was no evidence that the applicant was, in fact, prepared to make the effort to try and improve. Rather, all evidence on file pointed to the applicant seeming intent to maximize disability and/or indemnity benefits. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another cardinal criteria for pursuit of a functional restoration program is evidence that other appropriate treatment options have been tried and/or failed. Here, however, there was no evidence that all other appropriate treatment options have been tried and/or failed. The attending provider seemingly indicated that many of the applicant's problems were mental health in nature and/or a function of fear-avoidant behavior. It did not appear, however, that the applicant had had any conventional psychological counseling, psychotherapy, psychotropic medications, etc., prior to the functional restoration program at issues being considered. Therefore, the request was not medically necessary.