

Case Number:	CM14-0143528		
Date Assigned:	09/10/2014	Date of Injury:	06/17/2010
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker is a 41 year old man with a date of injury of 11/19/10. He was seen by his primary treating physician on 8/20/14 in follow up of knee pain and lumbosacral pain with sciatica. He had not lost weight and complained of reflux symptoms without meds but had no bleeding, melena or hemorrhage. He also denied chest pain. His exam was normal with a soft abdomen and with a weight of 350lbs. His diagnoses were hypertension, gastropathy secondary to medication use, ortho condition and sleep apnea. Notes from 4/14 indicate he was taking alleve in the past. At issue in this review is the request for omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Laine 2006, Scholmerich 2006, Nielsen 2006, Chan 2004, Gold 2007, Laine 2007

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker has chronic pain with no limitations documented on physical examination. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription

of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that meets the criteria or that he is at high risk of gastrointestinal events to justify medical necessity of omeprazole.