

Case Number:	CM13-0014601		
Date Assigned:	10/08/2013	Date of Injury:	04/26/2012
Decision Date:	04/03/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This is a male patient with a date of injury of April 26, 2012. A utilization review determination dated August 16, 2013 recommends non certification of Prilosec. Prilosec is noncertified due to lack of documentation of intermediate risk of gastrointestinal events. It should be noted that naproxen 550 mg B.I.D. is recommended for certification. A progress report is May 22, 2013 identify subjective complaints of low back pain and right radicular pain into the right lower extremity. Objective findings identified decreased lumbar range of motion, positive straight leg raise on the right, and no focal motor or sensory deficits. Diagnoses include lumbosacral sprain/strain, degenerative lumbar disc disease, and right sciatica. The treatment plan recommends ice, Relafen, Tylenol, and modified duty. A progress report dated May 29, 2013 indicates that the patient was placed on a tapering dose of prednisone, and given a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Overturned

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

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

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it is noted that high-dose nonsteroidal anti-inflammatory medications were recommended for certification. Therefore, the patient is at an intermediate risk for gastrointestinal events. Additionally, the patient had recently completed a corticosteroid taper to treat his radiculopathic complaints. Therefore the patient has two risk factors for gastrointestinal events. As such, the concurrent use of a proton pump inhibitor such as omeprazole along with the certified nonsteroidal anti-inflammatory