

Case Number:	CM13-0032056		
Date Assigned:	03/17/2014	Date of Injury:	07/15/2011
Decision Date:	05/05/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/07/2013

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 Occupational Medicine, 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 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:

According to the records made available for review, this is a 26-year-old female with a 7/15/11 date of injury. At the time (8/6/13) of request for authorization for retro Prilosec 20MG BID #60, there is documentation of subjective (improved neck and low back pain) and objective (bilateral mild tenderness in the paraspinal musculature) findings, current diagnoses (cervicothoracic spine strain, lumbar spine strain, left shin pain, anxiety, and sleep difficulty), and treatment to date (medications (including Prilosec since at least 5/1/12).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO PRILOSEC 20MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, section on Proton pump inhibitors

Decision rationale: The MTUS Chronic Pain Guidelines identifies that risk for gastrointestinal events includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID use. The

ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of cervicothoracic spine strain, lumbar spine strain, left shin pain, anxiety, and sleep difficulty. In addition, there is documentation of records reflecting prescriptions for Prilosec since at least 5/1/12. However, there is no documentation of a risk for gastrointestinal event (age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request is not medically necessary and appropriate.