

Case Number:	CM13-0067400		
Date Assigned:	04/02/2014	Date of Injury:	07/23/2012
Decision Date:	07/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal Medicine 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 patient is a 40 year old female who was injured on 07/23/2012. She was getting out of her car when she slipped on some trash bags and water causing her to fall. She landed on her buttocks. Her diagnoses include lumbar disc protrusion and lumbar radiculopathy. A PR2 medical record dated 12/30/2013 indicated the patient presented with complaints of constant low back pain radiating to the left lower extremity with numbness and tingling with pain rated 7/10 and loss of hair. She reported her low back pain was severe at times but controlled with opioids. Physical examination was deferred. The patient was given a prescription for Hydromorphone 2 mg #60, Omeprazole 20 mg #60, Prozac 20 mg #60, and Xanax 1.0 mg #60, to be taken as directed. The patient was also recommended to undergo a psychological evaluation to address symptoms of stress related to hair loss. A PR2 medical record dated 11/26/2013 reported the patient was taking oral medications with no side effects. The treating provider has requested Omeprazole 20mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per California MTUS 2009, proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The patient is not presently maintained on any NSAID medication. The requested medication is not medically necessary.