

Case Number:	CM14-0014295		
Date Assigned:	04/18/2014	Date of Injury:	04/11/2007
Decision Date:	08/22/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 43-year-old male who sustained an injury on 04/11/2007, reportedly was involved in a motor vehicle accident with a massive truck. The injured worker complained of back pain. The injured worker's treatment history included surgery, urine drug screen, and medications. He was evaluated on 01/22/2014. Per the documented evaluation, the injured worker continues to have pain in his back down into the right toe through the leg and thigh. The provider documented the injured worker received medication denials. The injured worker noted that Docusate, Sennosides and Norco were approved. The injured worker noted that the Omeprazole helped with heartburn that was being induced by pain medication. Physical examination of multiregional revealed that he had antalgic gait, more on the right side with tenderness in L5 and S1 musculature, positive straight leg raising, and slight kyphosis for gait along with pain exacerbated more with extension than flexion for the low back. Diagnoses included lumbar back pain, lumbar sacroilitis, sciatica, lumbar strain/sprain, chronic pain syndrome, and lumbosacral radiculopathy. Medications included Soma 350 mg, Colace 250 mg, Norco 10/325 mg, methadone 5 mg, Prilosec 20 mg, Senokot 8.6 mg, Trazodone 50 mg, and Topamax 50 mg. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG (PRILOSEC) #30: Upheld

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

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

Decision rationale: The requested is not medically necessary. Prilosec is recommended for patients who taking NSAIDs and are at risk of gastrointestinal events. The documentation did indicate that the injured worker has gastrointestinal events and heartburn; however, the provider failed to indicate the frequency of medication on the request that was submitted. The evaluation on 01/22/2014 was documented that the injured worker was going to continue with home exercise regimen; however, the provider failed to indicate long-term functional goals and medication pain management outcome measurements for the injured worker. Given the above, the request for Omeprazole (Prilosec) 20mg #30 is not medically necessary.