

Case Number:	CM14-0112832		
Date Assigned:	09/22/2014	Date of Injury:	08/29/2005
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/20/2014

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 Family Practice, 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:

53 yr. old female claimant sustained a work injury on 8/29/05 involving the leg, ankles and knees. She was diagnosed with a lumbar disc displacement, bimalleolar fracture, arthritis of the knee, and lumbar disc degeneration. She had been on NSAIDs and Prilosec (Omeprazole) since at least January 2014 to manage pain and prevent gastritis. A progress note on 6/11/14 indicated the claimant had continued pain in the involved areas. She had been taking Baclofen, Soma, fentanyl patches, Ibuprofen, hydrocodone, Naprosyn and Percocet. There was no gastrointestinal symptoms or bleeding disorders noted. She was continued on the Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI

events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.