

Case Number:	CM14-0116600		
Date Assigned:	08/04/2014	Date of Injury:	08/05/2011
Decision Date:	09/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/23/2014

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 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:

The claimant was injured on 08/05/11. Prilosec is under review. He was diagnosed with L4-5 and L5-S1 annular tears, lumbar radicular pain, myofascial pain, neck pain, and possible facetogenic etiology with headaches. They could not rule out facetogenic and occipital neuralgia. Electrodiagnostic testing in 2012 revealed evidence of chronic bilateral S1 radiculitis. An MRI identified a right S1 perineural cyst with associated chronic enlargement of the right S1 neural foramen. He was also given custom foot orthosis. He has been on opioids. His medications also included Flexeril, Prilosec, Cymbalta, and Flector patches. He has had psychological issues that were addressed. He reported on 06/06/13 to the psychologist that he had gastrointestinal symptoms subsequent to taking medications and in spite of taking omeprazole he often feels as if he is going to vomit but he usually doesn't. He reported that twice per week he had nausea and difficulty breathing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg. #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs);Gastrointestinal symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Prilosec 20 mg #30. The CA MTUS state on p. 102 re: PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The claimant reported using omeprazole due to gastrointestinal symptoms that he related to his medication use. However, there is no evidence that this medication has provided significant benefit to him. He still feels nausea twice a week. His pattern of use of this medication and the benefit it gives him are not described clearly. The medical necessity of this request for Prilosec 20 mg #30 has not been clearly demonstrated.