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| Case Number: | CM14-0131794 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 09/02/2003 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 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:

This injured worker's date of injury is 09/02/2003. The medical records regarding the original injury were not provided. The treating physician's note dated 07/01/2014 states that patient receives treatment for chronic low back pain with radiation to the lower extremities, chronic neck pain with radiation to the left upper extremity, mid back pain, and headaches. On exam there is decreased sensation in the left foot, SLR test is positive on the left, there is 60-70% of normal ROM of the lumbar spine. The patient is undergoing chemotherapy for Hodgkin's lymphoma, not a subject for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor (PPI), which may be medically indicated to reduce the likelihood of a gastrointestinal (GI) complication, peptic ulceration or bleeding, for patients who take either steroids or NSAIDS. This patient takes

Vicoprofen QID as needed for pain, which contains 200 mg of ibuprofen per tablet. There is no documentation of prior episodes of GI bleeding, gastric perforation, or other NSAID related complications. Prilosec is not medically indicated.