

Case Number:	CM14-0154559		
Date Assigned:	09/24/2014	Date of Injury:	09/09/2001
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 is a 61-year-old male who reported an industrial injury on 9/9/2001, over 13 years ago, attributed to the performance of his usual and customary job duties. The injured worker is reported to complain of ongoing neck and low back pain. The injured worker complains of increasing low back pain and neck pain radiating to the left arm. The injured worker reported having good relief from a epidural steroid injection six months ago but it has worn off after 4 to 5 months. The objective findings on examination included positive Spurling's test; decreased sensation of the left arm/forearm; decreased grip of the left hand. The MRI of the cervical spine documented C4-C5, C5-C6, C6-C7, and discs with stenosis. The injured worker was diagnosed with cervical radiculopathy, lumbar postlaminectomy syndrome, and C4-C5, C5-C6, C6-C7 degenerative disc disease. The treatment plan included a home exercise program; a cervical spine epidural steroid injection; Motrin 800 mg #60; and Prilosec 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs), GI symptoms & car.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines anti-inflammatory medication Page(s): 67-68. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this injured worker. The injured worker was prescribed Omeprazole routine for prophylaxis with the prescribed medications. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The injured worker is documented to be taking NSAIDs--Ibuprofen. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. There were no documented GI effects of the NSAIDs to the stomach of the injured worker and the Omeprazole was dispensed or prescribed routinely. The prescription of proton pump inhibitors on a long-term basis is not recommended due to the side effects of osteoporosis and diminished magnesium levels. There is no demonstrated medical necessity for the prescription for omeprazole 20 mg #60. There is no documented functional improvement with the prescribed omeprazole. The request for Prescription for Prilosec 20mg #60 is not medically necessary.