

Case Number:	CM14-0161389		
Date Assigned:	10/06/2014	Date of Injury:	11/20/2011
Decision Date:	11/25/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48-year-old male with a date of injury of 11/20/2011. The listed diagnoses per [REDACTED] are: 1. Cervical spine sprain/strain. 2. Thoracic spine sprain/strain. 3. Lumbar spine sprain/strain. According to progress report 07/09/2014, the patient presents with neck and low back pain rated as 6/10 on a pain scale. Examination of the cervical spine revealed flexion decreased by 20%. Examination of the lumbar spine revealed flexion 60 degrees, extension 10 degrees, left lateral bending 30 degrees, and right lateral bend to 30 degrees. There was positive straight leg raise in the sitting position on the left. The treater is requesting Prilosec 20 mg #30 and Anaprox 550 mg #60. Utilization review denied the request on 09/02/2014. The medical file provided for review includes reports from 02/19/2014 through 07/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Section Page(s): 64 - 65.

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

Decision rationale: This patient presents with neck, mid and low back pain. The treater is requesting Prilosec 20 mg #30. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking omeprazole since at least 02/19/2014. In this case, the patient has been taking Anaprox on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request for Prilosec is not medically necessary.

Anaprox 550 mg, sixty count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: This patient presents with neck, mid and low back pain. The treater is requesting Prilosec 20 mg #30. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking omeprazole since at least 02/19/2014. In this case, the patient has been taking Anaprox on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request for Prilosec is not medically necessary.