

Case Number:	CM14-0167158		
Date Assigned:	10/14/2014	Date of Injury:	09/18/2008
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine & 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 49-year-old female with a date of injury of 09/18/2008. The listed diagnoses per [REDACTED] are: 1. Unstable spondylolisthesis L4-L5. 2. Spondylolisthesis L4-L5, radicular complaints. 3. Severe right peroneal nerve motor neuropathy per EMG/NCV. 4. Rupture disk L1-L5. 5. Radicular symptoms. 6. Right L5 radiculopathy. According to progress report 08/21/2014, the patient presents with low back pain with radicular symptoms. The patient reports radiating pain down her right buttock and into her legs. Examination revealed tenderness in the paraspinal musculature of the thoracolumbar spine. Range of motion of the lumbar spine was decreased on all planes. The patient utilizes Norco 5/325 mg which relieves her pain. It was noted that the patient complains of abdominal irritation when she is taking Norco, and the treater added Prilosec to her medication regimen to "prevent abdominal irritation." Utilization review denied the request on 09/11/2014. Treatment reports from 02/19/2013 through 08/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 1 tablet qd Refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) GI symptoms & cardi. Decision based on Non-MTUS Citation Official Disability Guidelines,(web) Pain-Proton Pump Inhibitors (PPIs)

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 continued low back pain that radiates into the lower extremities. The patient has reported abdominal irritation when taking Norco and the treater has recommended Prilosec 20 mg #30 with 2 refills. 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. In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. The patient has some irritation with taking Norco and the treater has prescribed Prilosec. There is no discussion in MTUS or ODG regarding use of PPI's for Norco side effects. Opiates typically do not cause gastritis type of GI side effects that can be treated with PPI's. The treater does not document other gastric problems such as GERD to warrant the use of a PPI. The request is not medically necessary.