

Case Number:	CM14-0169577		
Date Assigned:	10/17/2014	Date of Injury:	03/30/2012
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 American Board Family Practice 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:

52 year old female claimant sustained a work injury on 3/30/12 involving the neck and low back. She was diagnosed with cervical and lumbar radiculopathy. A progress note on 6/11/14 indicated the claimant had 8/10 pain. She had headaches, stomach pain and depression. Examination was notable for lumbar spine tenderness, a positive straight leg raise and diminished sensation in the L3-S1 dermatomes. A GI (gastrointestinal) consultation was requested for abdominal pain. The claimant had been on topical analgesics for pain. A progress note on 8/25/14 noted the claimant had continued abdominal complaints. She was advised to stop non-steroidal anti-inflammatory drug (NSAIDs) and use Prilosec for GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation,

and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. GI consultation recommendations were not specified. Therefore, the use of Prilosec is not medically necessary.