

Case Number:	CM14-0179604		
Date Assigned:	11/04/2014	Date of Injury:	02/08/2014
Decision Date:	12/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational 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 33-year-old male with a 2/8/14 date of injury. The mechanism of injury was pulling a metal shed, twisting, and feeling pain. According to a progress report dated 9/4/14, the patient complained of lumbar spine main and mild to moderate left shoulder pain. The patient's medication regimen consisted of Norco and gabapentin. Objective findings: tenderness to palpation of lumbar spine with radiculopathy down left lower extremities. Diagnostic impression: lumbar spine HNP, lumbar spine sprain/strain, left shoulder arthralgia. Treatment to date: medication management, activity modification. A UR decision dated 9/23/14 denied the request for Prilosec. There was no documentation that he was at high risk for or has any GI complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec - Medication for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the present case, there is no documentation that this patient is currently taking an NSAID medication. In addition, there is no documentation that this patient has gastrointestinal complaints or a diagnosis of a gastrointestinal condition. Therefore, the request for Prilosec - Medication for the Lumbar Spine was not medically necessary.