

Case Number:	CM14-0027695		
Date Assigned:	06/13/2014	Date of Injury:	02/28/2012
Decision Date:	07/25/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 injured worker is a 55 year old female who reported an injury on 02/28/2012 due to a motor vehicle accident. The injured worker reported pain and tension to her neck, back and arms; however, it was not documented as to the scale or nature of pain. She was treated with conservative care receiving chiropractic care, heat, massage, electrical stimulation and ultrasound. Her neck, back and arm symptoms subsided and improved with treatment. On 02/10/2013 she was involved in another motor vehicle accident. She felt the immediate onset of pain to her back and groin. She completed her work with no restrictions. She reported a few days later pain to her neck, shoulders, arms and hips. The physician's diagnosis included chronic cervical spine strain, rule out disc herniation; chronic lumbosacral sprain, rule out disc herniation; bilateral shoulder strain; bilateral elbow strain; and two-level disc protrusion of 3-4 cm with neuroforaminal stenosis noted on the right and the left at L3-L4, L4-L5 and L5-S1. The pain was assessed at 7/10. The injured worker received physical therapy as part of conservative care but stopped after two sessions due to onset of increased pain during the sessions. Conservative care was discontinued and the injured worker was placed on pain management. On 02/04/2014, the physician gave rationale for prescribing Prilosec (Omeprazole 20 mg). The physician charted he was moving from over-the-counter pain medications to a prescribed non-steroidal anti-inflammatory drug (NSAID) noting the Prilosec was a proton pump inhibitor and this was to be used to control gastric distress and cause no further damage to the stomach. The request for authorization form was signed and dated on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 PRILOSEC (OMEPRAZOLE 20 MG): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI Symptoms and Cardiovascular Page(s): 68..

Decision rationale: The injured worker is being moved away from over the counter analgesics to prescription NSAID Anaprox (Naproxen Sodium 550 mg) tablets by the physician referred to manage pain. The California MTUS Chronic pain medical treatment guidelines for NSAID GI symptoms and cardiovascular list four specific items to monitor and chart: an age over 65 years; (2) a history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. These guidelines also note Prilosec is a proton pump inhibitor that relieves symptoms of gastrointestinal occurrences and prevents damage to the stomach. Dosages are specific for Prilosec at 20 mg one tablet daily. The physicians assigned to the injured worker did not document chronic issues with gastrointestinal incidents when taking an over the counter or prescription NSAID nor did this request list how many times a day the Prilosec was to be taken. As such, the request is not medically necessary.