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| Case Number: | CM14-0035023 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 10/18/2012 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

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 and Rehabilitation and is licensed to practice in Nevada. 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 49-year-old female who was reportedly injured on October 18, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 27, 2014, indicated that the injured employee was following up for a blood pressure check. No particular physical examination was performed, and losartan was prescribed. A previous note, dated August 21, 2013, did reveal a prescription for Prilosec, although there was no mention of the injured employee having gastrointestinal symptoms. Diagnostic imaging studies reported a Grade I retrolisthesis of C3 on C4 and a small disc protrusion at C5-C6. A lumbar spine magnetic resonance image noted a disc protrusion at L3-L4, L4-L5 and L5-S1 as well as facet hypertrophy at the same levels. Previous treatment included facet joint injections. A request had been made for Prilosec and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 9792.20 - 9792.26 (Effective July 18, 2009), page 68 of 127 Page(s): 68 OF 127.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There was no indication in the attached medical record provided of a gastrointestinal disorder. Additionally, the injured employee did not have a significant risk factor for potential gastrointestinal complications as outlined by the Chronic Pain Medical Treatment Guidelines. Therefore, this request for Prilosec is not medically necessary.