

Case Number:	CM14-0035686		
Date Assigned:	06/23/2014	Date of Injury:	06/06/2013
Decision Date:	07/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Practice, has a subspecialty in Preventive 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:

Claimant is a 38 yr. old male who sustained a work injury on 6/6/13 resulting in chronic back pain. An magnetic resonance imaging (MRI) on 10/15/13 indicated he had an L5-S12 disc bulge and bilateral spondylosis with facet arthropathy and impingement on the left L5 level. His pain had been managed with Gabapentin, Flexeril and Naproxen. Omeprazole was given for gastrointestinal prophylaxis. The analgesics and proton pump inhibitor were used for several months and a recent request was made in February to continue the Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with Non-steroidal anti-inflammatory drug (NSAIDs) for those with high risk of gastrointestinal (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. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.