

Case Number:	CM14-0052754		
Date Assigned:	07/07/2014	Date of Injury:	06/03/2009
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

The patient is a 50-year-old female who has submitted a claim for chronic pain, cervical facet arthropathy, cervical radiculopathy, lumbar radiculopathy, myositis/myalgia, left-sided lateral epicondylitis, and left cubital tunnel syndrome; associated with an industrial injury date of 06/03/2009. Medical records from 2014 were reviewed and showed that patient complained of neck, left shoulder, and low back pain. Physical examination showed tenderness over the paracervical muscles from C2-C6 and facet joints, left shoulders, and lumbar spine from L1-S1. Ranges of motion of the cervical spine, bilateral shoulders, and lumbar spine were limited. Treatment to date has included medications, physical therapy, cervical epidural steroid injection, Utilization review, dated 04/11/2014, denied the request for Prilosec DR because the medical records did not provide an indication or rationale as to why the patient is at risk to require gastrointestinal prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR: Upheld

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

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

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 68 to 69 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient has been prescribed Norco hydrocodone/APAP and Naproxen, and is being treated for gastritis secondary to use of multiple medications. The medical records reviewed show that the patient is at risk for a gastrointestinal event. However, the present request as submitted failed to specify the number to be dispensed. Therefore, the request for Prilosec DR is not medically necessary.