

Case Number:	CM14-0063026		
Date Assigned:	06/25/2014	Date of Injury:	10/27/2004
Decision Date:	09/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/18/2014

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 66-year-old female who was reportedly injured on October 27, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 16, 2014, indicates that there are ongoing complaints of cervical spine pain, low back pain, bilateral hand/wrist pain, and bilateral knee pain. Current medications include Prilosec, Norco, Neurontin and Zanaflex. The physical examination demonstrated spasms of the cervical spine and decreased range of motion with pain. There was a bilateral radiculopathy noted at C4 through C7. Examination of the lumbar spine also noted decreased painful range of motion. There was a positive bilateral straight leg raise test at 45 and pain bilaterally at L4 - L5 and L5 - S1. Examination of the knees noted a positive McMurray's sign and Apley's sign bilaterally and tenderness over the joint lines. There was patellofemoral crepitus. Examination of the wrists noted a negative Tinel's and Phalen's test. The left shoulder and a positive impingement sign and painful range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes bilateral carpal tunnel release and the use of a transcutaneous electrical nerve stimulation unit. A request was made for Prilosec and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 by mouth #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 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 is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule, nor are they stated to be taking any current anti-inflammatory medications. Therefore, this request for Prilosec is not medically necessary.