

Case Number:	CM14-0084060		
Date Assigned:	07/21/2014	Date of Injury:	06/04/2007
Decision Date:	08/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/05/2014

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:

According to the records made available for review, this is a 53-year-old female with a 6/4/07 date of injury, and status post lumbar spine fusion at L4-5 and L5-S1 April 2011. At the time (5/23/14) of request for authorization for (Retrospective date of service (DOS): 4/7/14) Prilosec (Omeprazole) 20mg quantity: 60.00, there is documentation of subjective (lumbar spine pain that is frequent and radiates to the left leg) and objective (tenderness to palpation bilaterally, range of motion limited with flexion at 70 degrees with pain, extension with full active range of motion, and bilateral rotation limited secondary to pain, bilateral sitting straight leg raise test positive in left lower extremity, and ambulates with antalgic gait with assistance of single point cane) findings, current diagnoses (status post lumbar spine fusion at the L4-L5 and L5-S1 performed in April 2011 and right knee arthralgia secondary to antalgic gait), and treatment to date (medications (including ongoing treatment with Norco and Omeprazole)). 4/7/14 medical report identifies patient describes gastric symptoms and has a history of non-steroidal anti-inflammatory drugs (NSAIDs) usage. There is no documentation of concurrent use of high dose/multiple NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective Date of Service (DOS): 4/7/14) Prilosec (Omeprazole) 20mg quantity: 60.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of Acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID, as criteria necessary to support the medical necessity of Prilosec. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine fusion at the L4-L5 and L5-S1 performed in April 2011 and right knee arthralgia secondary to antalgic gait. However, despite documentation that patient describes gastric symptoms and has a history of NSAID usage, there is no documentation of concurrent use of high dose/multiple NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for (Retro DOS: 4/7/14) Prilosec (Omeprazole) 20Mg QTY: 60.00 is not medically necessary.