

Case Number:	CM14-0084957		
Date Assigned:	07/23/2014	Date of Injury:	04/26/2012
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Pain Management 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:

This is a patient of the date of injury of April 26, 2012. A utilization review determination dated June 5, 2014 recommends modified certification for Prilosec. Modification was recommended due to lack of documentation supporting the need for b.i.d. dosing. A progress report dated April 8, 2014 identifies subjective complaints of pain the neck with radiation into the right arm. The patient also has low back pain with radiation into the right leg. The pain is rated as 10/10. The patient notes that his pain is worse since his medication ran out. The patient notes functional limitations due to his pain. Physical examination findings reveal limited lumbar spine range of motion with tenderness to palpation in the paraspinal muscles. There is also a positive straight leg raise test and positive facet loading maneuvers. Diagnoses included displacement of lumbar enter vertebral disc and cervicalgia. The treatment plan recommends MSContin, Norco, and naproxen. The naproxen is prescribed at 550 mg b.i.d. Prilosec is also recommended at 20 mg b.i.d. "as the patient is at intermediate risk for gastrointestinal events." The note goes on to quote guidelines which recommend "20 mg daily of omeprazole for patients at intermediate risk of GI events." A utilization review determination dated June 25, 2014 recommends approval of Norco, Prilosec, morphine sulfate ER, Colace, and naproxen.

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 Opioids GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Guidelines go on to recommend an omeprazole dose of 20 mg daily. Within the documentation available for review, the requesting physician has correctly pointed out that guidelines support omeprazole dosed at 20 mg daily. Unfortunately, he has not identified why this patient requires omeprazole dosed at 20 mg twice a day. Unfortunately, there is no provision to modify the current request. In the absence of clarity regarding that issue, the currently requested Prilosec 20 mg #60 is not medically necessary.