

Case Number:	CM14-0090352		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2007
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 records presented for review indicate that this 55- year-old gentleman was reportedly injured on the 15th 2007. The mechanism of injury is noted as falling off a 10 foot ladder. The most recent progress note, dated March 12, 2014, indicates that there are ongoing complaints of neck pain, low back pain, right shoulder pain, and right knee pain. Current medications include tramadol, Flexeril, and omeprazole. The physical examination demonstrated decreased right shoulder range of motion and a positive Neer's test and Hawkins test. There was tenderness at the anterior aspect of the right shoulder. The examination of the cervical spine noted tenderness from C5 through T1 along the paraspinal facets and the right periscapular area. The examination of the lumbar spine noted tenderness along the lower lumbar paraspinal facets as well. There was decreased lumbar spine range of motion. A lower extremity neurological examination was normal. Diagnostic imaging studies of the lumbar spine showed degenerative disc disease at L2 through S1 and a disc protrusion at L4 - L5 possibly impinging the traversing L5 nerve root on the right. Previous treatment includes chiropractic care and epidural steroid injections. A request had been made for Prilosec and was not certified in the pre- authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC): Pain Procedure Summary (last updated 05/15/2014): Proton Pump Inhibitors (PPIs), Prilosec (omeprazole); Miner, 2010; Donnellan, 2010; Shi, 2008.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS nor is he currently prescribed any anti-inflammatory medications. Therefore, this request for Prilosec is not medically necessary.