

Case Number:	CM14-0170594		
Date Assigned:	10/20/2014	Date of Injury:	07/22/2008
Decision Date:	02/11/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/15/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 7/22/2008. A utilization review determination dated 10/8/2014 recommended non-certification of the requested Prilosec 20mg stating that the medical records do not establish that the patient has current gastrointestinal related complaints and there is no evidence that this patient is at significant risk for gastrointestinal events. A progress report dated 9/29/14 reports the patient returns for follow up with increased lumbar/sacral back pain after helping his daughter move. Sleep quality remains poor and he is having difficulty filling his medication due work comp. issues. He is also complaining of recurrent facial lesions, pain since last visit has averaged a 7/10. Objective findings indicate that the patient continues to have CRPS pain mainly to the LUE, allodynia to the hand and forearm and his grip strength is weaker. The left hand has a shiny atrophic appearance. Medication was reviewed at this visit as were CT and Ultrasound results dated 5/7/2011. Diagnoses Severe left upper extremity pain, S/P left arm injury, severe neuropathic pain of the LUE, Depression and anxiety, poor sleep hygiene, history of failing lami implant, severe constipation. Treatment plan was to continue medications, regular home exercise plan, repeat UDS prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 and 69. 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. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.