

Case Number:	CM14-0173635		
Date Assigned:	10/24/2014	Date of Injury:	06/14/2005
Decision Date:	03/10/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female who suffered an unknown work related injury on 06/14/05. Per the physician notes from 06/23/14 she complains of increased neck and bilateral upper extremity pain and daily headaches. Diagnoses include lumbar spine bilateral lower extremity radiculopathy and bilateral upper extremity radiculopathy. Parts of the notes are illegible. Medications include Norco, Zanaflex, Lyrica, Fioricet, and Prilosec. The Prilosec was non-certified by the Claims Administrator on 10/13/14 as there was no documentation that the injured had any risk factors for gastrointestinal events. The MTUS was cited. This denial was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 Supply: 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with lumbar sprain, neck sprain, displacement of cervical intervertebral disc without myelopathy, and other affections of shoulder region. The request is for Prilosec 20mg #30, 30 day supply. The review of reports shows the patient has been taking this medicine since at least 04/04/14. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, there is no information regarding history of peptic ulcers, GI bleeding, or perforation. GI risk assessment is not provided. The reports do not discuss any GI symptoms such as heart burns, or gastritis for which this medication may be indicated. The request IS NOT medically necessary.