

Case Number:	CM14-0191441		
Date Assigned:	11/25/2014	Date of Injury:	08/05/1997
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old male with an injury date of 08/05/97. Based on the 06/09/14 progress report, the patient complains of knee pain, right greater than left. He also has ongoing pain in his lower back with radicular symptoms to both lower extremities. The patient rates his pain as an 8/10. Examination of the cervical spine reveals pain to palpation throughout the cervical musculature and decreased range of motion. In regards to the lumbar spine, the patient has tenderness to palpation throughout the posterior lumbar musculature and a decreased range of motion. Straight leg raise is positive bilaterally in the modified sitting position on the right at about 45 degrees and on the left at about 60 degrees which causes radicular pain. He has decreased sensation along the posterolateral thigh and posterolateral calf bilaterally, right greater than left. The upper extremity has tenderness to palpation on the medial scapular regions. There is decreased sensation along the posterolateral arm and forearm bilaterally, left greater than right. The patient has a 30% decreased range of motion with abduction of the shoulders bilaterally. He had an arthroscopic surgery on his left knee (date of surgery not provided) and on 04/25/12, he underwent a L4-5 and L5-S1 disc replacement. The patient's diagnoses include the following:- Lumbar spine sprain/strain syndrome-Discogenic back pain-Status post total disc displacement, L4-5 and L5-S1, 04/25/05-Bilateral lower extremity radiculopathy-Reactionary depression/anxiety-Bilateral knee internal derangement with degeneration-Medication-induced gastritis-Herniated nucleus pulposus of C5-6-Medication-induced constipation-Status post left knee arthroscopy, 06/16/09-Successful lumbar spinal cord stimulator trial, 01/07/10The utilization review determination being challenged is dated 10/30/14. There was one treatment report provided from 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines omeprazole Page(s): 68-69.

Decision rationale: According to the 06/09/14 report, the patient presents with knee pain (right greater than left) and low back pain. The request is for PRILOSEC 20 MG #120. The patient is currently taking Lyrica, Celebrex, Ultram, Lexapro, Trazodone, and Colace. MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: 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, the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The requested Prilosec is not medically necessary.