

Case Number:	CM14-0193285		
Date Assigned:	12/01/2014	Date of Injury:	08/23/2013
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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 Emergency 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:

The patient's date of injury is dated 8/26/2003. No mechanism of injury was documented. Patient has a diagnosis of cervical spine disc herniation and degeneration, lumbar spine disc herniation, right shoulder tendinitis/impingement syndrome, left shoulder tendinitis/impingement syndrome, carpal tunnel syndrome and left knee sprain. Medical reports reviewed. The last report available is dated 9/26/14. Patient complains of neck and low back pain radiating to legs. There are no noted stomach complaints. Objective exam was reviewed and is not relevant to this review. Prilosec was prescribed for "gastric mucosal protection". Progress notes mention that patient is on Naproxen and Ultram. Independent Medical Review is for Prilosec 20mg #120 with 3refills. Prior UR on 10/23/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is on Naproxen. There is no documentation of dyspepsia or increased risk of GI bleed. The prescription is excessive and inappropriate as it would 360day supply of the medication with no appropriate monitoring or assessment. Prilosec/Omeprazole is not medically necessary.