

Case Number:	CM14-0200039		
Date Assigned:	12/08/2014	Date of Injury:	08/22/2003
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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 66 years old male patient who sustained a work related injury on 8/22/2003. The mechanism of the injury was not specified in the records provided. The diagnoses include lumbar discogenic disease, chronic low back pain, lumbar spondylosis and status post lumbar fusion. Per the doctor's note dated October 1, 2014, he had complaints of low back pain rated an 8/10 without medications, with numbness in the legs making it difficult to walk. Physical examination of the lumbar spine revealed a healed surgical incision and spasm, painful and limited range of motion, positive Lasegue on the right, positive straight leg raise on the right to 50 degrees and pain on the right at S1 distribution. The medications list includes norco, neurontin, colace, prilosec and topical analgesic creams. He has had lumbar MRI dated 12/18/13 which revealed post operative changes and multilevel disc degenerative changes. He has undergone a L4-S1 lumbar fusion in 2012. He has had a TENS unit, acupuncture and chiropractic treatment for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec cap 20mg #60, BID: Upheld

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

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

Decision rationale: Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec cap 20mg #60, BID is not established for this patient.