

Case Number:	CM14-0202424		
Date Assigned:	12/15/2014	Date of Injury:	07/09/2007
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker is a 60 year old male with a reported industrial injury on July 9, 2007, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on September 18, 2014, for follow-up visit with primary treating physician. The presenting complaints included low back pain and left leg pain, the injured worker reports that he has continued pain in low back and his pain varies daily. The physical exam revealed lumbar spine reveals spasms painful and limited range of motion, positive Lasegue bilaterally, positive straight leg raise on the right to seventy degrees and on the left to sixty degrees, pain bilaterally at L4-5 and L5-S1 and tenderness to palpation over the lumbar paraspinal musculature. The diagnostic studies were not discussed in the medical records provided for review. The medical treatment is TENS unit and inversion table which have helped the pain, Norco, Anaprox DS and Prilosec. Diagnoses are new lumbar spine sprain/strain on April 16, 2013, lumbar discogenic disease L4-5 and L5-S1 and lumbar radiculopathy. The disability status as of September 18, 2014 is permanent and stationary. On October 28, 2014, the provider requested Prilosec 20mg number sixty, on November 4, 2014, the Utilization Review non-certified Prilosec 20mg number sixty the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg No. 60: 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 & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 prescription is not medically necessary.