

Case Number:	CM14-0205267		
Date Assigned:	12/17/2014	Date of Injury:	07/25/2008
Decision Date:	02/06/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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 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 46 year-old patient sustained an injury on 7/25/08 while employed by [REDACTED]. Request(s) under consideration include Prilosec DR 20 MG #120 (60 Day Supply). Diagnoses include lumbar disc with radiculitis/ disc degeneration; and low back pain. Conservative care has included medications, therapy, CBT, psychology consult, and modified activities/rest. Medications list Diclofenac, Prilosec, Dendracin cream, Wellbutrin, Lidocaine topical, Metformin, Insulin, Ultracet, and Docusate. The patient continues to treat for chronic ongoing symptoms of low back radicular pain into the lower extremities. Report of 10/28/14 from the provider noted continued low back and lower extremity pain rated at 8-10/10; there is recommendation for weight loss prior to any consideration of surgical intervention. Exam showed unchanged findings of non-analgesic gait; no assistive device was used; able to sit without limitations or evidence of pain; limited lumbar range in all planes with increased pain on movement; good eye contact with good judgement and normal affect. Treatment included medications. The request(s) for Prilosec DR 20 MG #120 (60 Day Supply) was non-certified on 11/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20 MG #120 (60 Day Supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This 46 year-old patient sustained an injury on 7/25/08 while employed by [REDACTED]. Request(s) under consideration include Prilosec DR 20 MG #120 (60 Day Supply). Diagnoses include lumbar disc with radiculitis/ disc degeneration; and low back pain. Conservative care has included medications, therapy, CBT, psychology consult, and modified activities/rest. Medications list Diclofenac, Prilosec, Dendracin cream, Wellbutrin, Lidocaine topical, Metformin, Insulin, Ultracet, and Docusate. The patient continues to treat for chronic ongoing symptoms of low back radicular pain into the lower extremities. Report of 10/28/14 from the provider noted continued low back and lower extremity pain rated at 8-10/10; there is recommendation for weight loss prior to any consideration of surgical intervention. Exam showed unchanged findings of non-antalgic gait; no assistive device was used; able to sit without limitations or evidence of pain; limited lumbar range in all planes with increased pain on movement; good eye contact with good judgement and normal affect. Treatment included medications. The request(s) for Prilosec DR 20 MG #120 (60 Day Supply) was non-certified on 11/26/1. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Although there was noted symptoms, the patient has discontinued NSAIDs and submitted reports have not described or provided any GI diagnosis, clinical findings, or confirmed diagnostic testing that meet the criteria to indicate medical treatment to warrant this medication. The Prilosec DR 20 MG #120 (60 Day Supply) is not medically necessary and appropriate.