

Case Number:	CM15-0101955		
Date Assigned:	06/04/2015	Date of Injury:	03/03/2010
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 50-year-old male, who sustained an industrial injury on 03/03/2010. The injured worker is currently permanent and stationary and may return to regular work. The injured worker is currently diagnosed as having chronic neck pain, chronic low back pain with underlying 5mm central and right posterior paracentral L4-L5 disc herniation, chronic mid back pain and moderate scoliosis, complaints of sleep difficulty, depression, and anxiety, diabetes, and hypertension. Treatment and diagnostics to date has included cervical spine MRI which showed spondylosis and disc desiccation, lumbar spine MRI which showed disc desiccation and dextroscoliosis, use of back support, psychiatric treatment, and medications. In a progress note dated 04/15/2015, the injured worker presented with complaints of constant back pain that radiates down the right leg with numbness and tingling in right foot, constant neck pain, and headaches. Objective findings include guarding and spasm to lumbar spine with tenderness to palpation, decreased sensation to light touch at right posterior thigh and leg, positive straight leg raise test, and cervical tenderness. The treating physician reported requesting authorization for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 20mg #60 for 30 days: Upheld

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

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

Decision rationale: Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right leg with numbness and tingling, neck pain, headaches, and problems walking. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had an increased risk for gastrointestinal events, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 capsules of Prilosec (omeprazole) 20mg for thirty days is not medically necessary.