

Case Number:	CM15-0108256		
Date Assigned:	06/18/2015	Date of Injury:	02/18/2012
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 61 year old male who sustained an industrial injury on 02/18/2012. Current diagnoses include pain in thoracic spine, sprain lumbar region, and sprain of neck. Previous treatments included medication management, thoracic epidural steroid injections, physical therapy, acupuncture, and chiropractic. Report dated 02/05/2015 noted that the injured worker presented with complaints that included neck and mid back pain. Pain level was not included. Medication regimen included Lisinopril and Prilosec. Physical examination was positive for decreased range of motion in the cervical spine and thoracic spine. The treatment plan included continuing to mobilize and strengthen the neck and back and follow up as needed. A supplemental report dated 05/05/2015 for date of service 02/05/2015 was included for review, noting that the injured worker uses Naproxen twice a day and that the Prilosec was prescribed to protect his stomach from any gastrointestinal issues. Treatment plan included prescribing Prilosec. Disputed treatments include Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 BID #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg bid #70 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are thoracic herniated disc T7 - T8; thoracic radiculopathy; cervical fusion; cervical radiculopathy; and chronic low back pain. A progress note dated February 5, 2015 states the injured worker is using both Naprosyn and ibuprofen, but developed heartburn. There is no clinical rationale in the medical record for the use of two non-steroidal anti-inflammatory drugs concurrently. The treating provider's plan was to trial Celebrex. The request for authorization is dated April 29, 2015. The most recent progress note in the medical record is dated February 25, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization. The treating provider wrote the prescription for Prilosec 20 mg b.i.d. Prilosec 20 mg is indicated once daily. There is no contemporaneous clinical documentation in the medical record after trialing Celebrex. There is no documentation with a clinical indication or rationale for a proton pump inhibitor while on Celebrex. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale for Prilosec 20 mg and incorrect dosing Prilosec 20 mg b.i.d. (guidelines recommend 20 mg once daily, Prilosec 20mg bid #70 is not medically necessary.