

Case Number:	CM15-0131077		
Date Assigned:	07/17/2015	Date of Injury:	07/09/2008
Decision Date:	09/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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: 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 45 year old female, who sustained an industrial injury on 7/9/2008. The mechanism of injury is unclear. The injured worker was diagnosed as having cervical segmental dysfunction, cervical strain/sprain, and right shoulder chronic strain/sprain. Treatment to date has included medications, urine drug testing (11/20/2014), and transcutaneous electrical nerve stimulation (TENS). The request is for Prilosec. A urine drug screen on 11/20/2014 is positive for Tramadol. On 11/20/2014, she complained of continued neck, upper and lower back pain with radiation into the upper and lower extremities, and numbness of the bilateral hands. She rated her pain as 9/10. Physical findings revealed are a decreased right shoulder range of motion, and tenderness of the right shoulder area, no instability noted; the neck has a decreased range of motion, tenderness and muscle spasms; sensation is intact over all dermatomes of the lower extremities. The record indicated a comprehensive metabolic blood test on 10/24/2014 was within normal limits; and a urine drug screening on 10/21/2014 had detected Tramadol, but not Norco which was indicated for the injured worker. The treatment plan included: repeating the urine drug screen, continue Naprosyn, Protonix, and Neurontin and hold Tramadol. On 12/3/2014, her work status is noted as modified. She complained of constant neck pain with radiation, and depression and anxiety. She indicated medications allow her to increase her activities of daily living. The treatment plan included: magnetic resonance imaging of the cervical spine, referral for pharmacological management, and periodic-random urine drug testing. On 12/16/2014, she is seen for pharmacological consultation. Her medications are listed as: Naprosyn, Prilosec, Neurontin, and Ultram ER. On 5/12/2015, she complained of neck,

upper and low back pain rated 7-8/10. She indicated she is taking her medications as prescribed and that they help her do more activities of daily living. The records do not indicate complaint of gastrointestinal issues, or examination of the gastrointestinal system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 30 (retrospective DOS 5/12/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton pump inhibitors, Prilosec (Omeprazole).

Decision rationale: The CA MTUS is silent specifically regarding Prilosec (Omeprazole). Per the ODG guidelines, Prilosec is a proton pump inhibitor. The CA MTUS guidelines indicate that proton pump inhibitors are recommended in those patients who are risk for gastrointestinal events and no cardiovascular disease. The gastrointestinal event risk factors include: age over 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding or perforation, concurrent use of ASA (aspirin), corticosteroids, and/or an anticoagulant, or high dose or multiple oral NSAID (non-steroidal anti-inflammatory drug) use. This injured worker is 45 years old. There is no evidence documented that she is at risk of gastrointestinal events, and there is no evidence of a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, anticoagulants, or high dose or multiple oral NSAID use. She is prescribed Naprosyn which is an NSAID; however there is no documented evidence of stomach upset with its use. Therefore, the request for Prilosec 20 mg Qty 30 (retrospective DOS 5/12/15) is not medically necessary.