

Case Number:	CM15-0132308		
Date Assigned:	07/20/2015	Date of Injury:	11/21/2011
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male (age unavailable in medical record) who sustained a work related injury November 21, 2011. According to a physician's progress notes, stamped June 12, 2015, the injured worker presented with recent exacerbation of low back pain with radiation to the left lower extremity. He reports sharp leg pain weakness, numbness and tingling with decreased mobility. Physical examination revealed; blood pressure 161/102, severely restricted range of motion of the lumbar spine, decreased sensation left L5 distribution, and positive straight leg raise. Some handwritten notes are difficult to decipher. Diagnosis is documented as exacerbation of low back pain with left radiculopathy. Treatment plan included continued use of lumbosacral brace, physical therapy, referral for pain management, and at issue, a request for authorization for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 10mg qd #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PPIs Page(s): 68-69.

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient is not actively taking NSAIDs. Furthermore, there are no complaints of dyspepsia or GI symptoms, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.