

Case Number:	CM15-0168406		
Date Assigned:	09/09/2015	Date of Injury:	08/06/2012
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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 61 year old female, who sustained an industrial-work injury on 8-6-12. She reported initial complaints of pain with injury to cervical spine, head, shoulder, and back when struck by a vehicle. The injured worker was diagnosed as having lumbar radiculopathy, post concussive head syndrome, and shoulder. Treatment to date has included medication (Norco and Voltaren with no effect), physical therapy, epidural steroid injections (50-60% pain relief), diagnostics, home exercises, and psychology therapy. Current medications included Anaprox, Prilosec, and Gabapentin, giving 30 percent relief. MRI results were reported on 3-26-15 to demonstrate a herniated nucleus pulposus (HNP) at L4-S1 and facet changes. Currently, the injured worker complains of neuropathic pain, low back pain that radiated down the left lower extremity, insomnia, and depression. Per the follow up pain management consultation on 7-15-15, the injured worker appeared more active since recent epidural steroid injection with better range of motion and is performing ADL's (activities of daily living). Radicular symptoms improved by about 30% with Neurontin and analgesic medication Anaprox. The patient does get medication induced gastritis symptoms and GERD (gastroesophageal reflux disease) and effectively treated with Prilosec. Sleep has improved with use of Elavil in the evenings and Doral 15 mg at bedtime. The Request for Authorization date was 8-4-15 and requested review to include Prilosec 20 mg. The utilization review on 8-13-15 denied a request for Prilosec 20 mg for reason that there was no documentation that any gastrointestinal symptoms were present per history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

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. These records reported the worker had "gastritis and GERD" unless the worker took omeprazole twice daily but did not discuss the results of an attempt to stop the medication causing the issue or the reason higher doses were needed. Further, the request was for an indefinite supply of medication, which would not allow for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Prilosec (omeprazole) 20mg is not medically necessary.