

Case Number:	CM15-0189624		
Date Assigned:	10/05/2015	Date of Injury:	02/12/1995
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old female with a date of injury on 2-12-95. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and low back pain. Progress report dated 8-20-15 reports follow up for anterior cervical fusion 6-15-15. She reports less numbness in her arms and her hands since the surgery. She wears the collar as needed. She is scheduled to start physical therapy. She is taking percocet for breakthrough pain and Valium for spasms. She has continued lower back pain with radiation down the left lower extremity. The pain is rated 8 out of 10 without medications. According to the medical record she has been taking omeprazole since at least 4-24-15. Request for authorization dated 8-20-15 was made for Prilosec 20 mg quantity 30. Utilization review dated 9-1-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, # 30: 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.

Decision rationale: CA MTUS Guidelines support the use of proton pump inhibitors (PPIs) for patients at intermediate risk for GI events and no cardiovascular disease. In this case, there is no evidence of GI risk factors, such as age over 65 years, use of ASA, corticosteroids or anticoagulants, history of PUD, GI hemorrhage or perforation, and use of multiple/high dose NSAIDs. In addition there is no evidence of the use of NSAIDs in this patient which would increase the risk for GI complications. Therefore the request is not medically necessary or appropriate.