

Case Number:	CM15-0192474		
Date Assigned:	10/06/2015	Date of Injury:	09/13/2007
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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: Emergency 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 62 year old male, who sustained an industrial injury on 09-13-2007. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for arthroscopic surgery to shoulder, rotator cuff syndrome, lumbar intervertebral disorder with myelopathy, cervical intervertebral disorder with myelopathy, and sciatica. Treatment and diagnostics to date has included right shoulder MRI and medications. Current medications include Tramadol, Prilosec, and compound cream. After review of the progress note dated 09-11-2015, the injured worker reported cervical, bilateral shoulder, lumbar, bilateral arm, bilateral sacroiliac, left pelvic, left buttock, and left hip pain. Objective findings included decreased cervical spine, lumbar spine, and right shoulder range of motion. The treating physician noted prescribing Prilosec to "protect stomach lining". The request for authorization dated 08-17-2015 requested a follow up, orthopedic shoulder specialist, FCL, and Prilosec 20mg by mouth every morning #30. The Utilization Review with a decision date of 09-17-2015 non-certified the request for Prilosec capsules 20mg every morning #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 20mg Every AM #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not on any oral NSAIDs. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. It is unclear why provider placed this patient on a PPI. Chronic PPI use has significant side effects. Prilosec/Omeprazole is not medically necessary.