

Case Number:	CM15-0195362		
Date Assigned:	10/09/2015	Date of Injury:	10/14/2013
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California

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:

The injured worker is a 48 year old male, who sustained an industrial injury on 10-14-2013. A review of the medical records indicates that the injured worker is undergoing treatment for a head contusion, acute cervical sprain-strain, multilevel disc protrusion 1-2mm of the lumbar spine, bilateral knee sprain-strain, right lower extremity radiculopathy, and right knee strain rule out meniscal injury. On 8-26-2015, the injured worker reported cervical spine and lower back pain rated 4-5 out of 10 becoming 6 out of 10 with any heavy lifting, and bilateral knee pain improved and rated 2-3 out of 10. The Primary Treating Physician's report dated 8-26-2015, noted the physical examination showed the cervical spine with slight loss of range of motion (ROM) and "positive orthopedic testing for local cervical spinal pain". The lumbar spine was noted to have a slight loss of range of motion (ROM), with the injured worker exhibiting right lower extremity radicular symptoms. The Physician noted the injured worker continued to experience some symptomatology in regards to the cervical and lumbar spine, and was to continue with the regular home exercise program (HEP). The treatment plan was noted to include prescriptions for Motrin and Omeprazole. The injured worker's work status was noted as maximum medically improved, instructed to return to modified work. On 7-17-2015, the Physician noted the injured worker was complaining of worsening gastrointestinal (GI) issues, taking Omeprazole that helped with the gastrointestinal (GI) issues, prescribed since at least 6-16-2014. The request for authorization dated 9-15-2015, requested Prilosec (Omeprazole) 20mg 2 times per day, #60 with 2 refills (generic brand/over the counter preferred). The Utilization

Review (UR) dated 9-22-2015, non-certified the request for Prilosec (Omeprazole) 20mg 2 times per day, #60 with 2 refills (generic brand/over the counter preferred).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole) 20mg 2 times per day, #60 with 2 refills (generic brand/over the counter preferred): 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: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant was on NSAIDS for several months. There was no mention of Tylenol failure. Due to GI upset a PPI was provided. There is no indication to continue the NSAID which required the PPI to manage side effects. Future need cannot be determined. Therefore, the continued use of Prilosec with 2 refills would not be medically necessary.