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| Case Number: | CM15-0020729 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 06/11/2014 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

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

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 female, who sustained an industrial injury on 6/11/2014, after stepping on an object and rolling her left foot forward, resulting in left great toe fracture. The diagnoses have included closed fracture of carpal bone, unspecified. Treatment to date has included conservative measures. The PR2 report, dated 12/17/2014, was handwritten and somewhat illegible. Currently, the injured worker complains of lumbar spine pain with radiation to the right lower extremity, and some numbness and tingling. She also reported left wrist pain with swelling. Pain was rated 6/10 with medications and 7-8/10 without medications. A negative gastrointestinal exam was noted. Current medications included Zanaflex, Neurontin, Anaprox, and Prilosec. On 1/05/2015, Utilization Review non-certified a retrospective request for Prilosec 20mg #30 (12/17/2014), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 12/17/14 Prilosec 20mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The (Retro) DOS 12/17/14 Prilosec 20mg # 30 is not medically necessary and appropriate.