

Case Number:	CM15-0027540		
Date Assigned:	02/19/2015	Date of Injury:	06/19/2001
Decision Date:	04/22/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53-year-old male, who sustained an industrial injury on 6/19/01. He reported initial complaints of neck pain. The injured worker was diagnosed as having cervical displacement, unspecified lumbar and cervical disc disorders, cervicalgia; cervical disc degeneration; lumbar sprain/strain; lumbar postlaminectomy syndrome; unspecified dysphasia; chronic pain syndrome. Treatment to date has included status post discectomy C5-6 interbody fusion (no dat2001e); spinal cord stimulator (2009). Currently, the injured worker complains of ongoing neck pain due to denied medications that have also made him bed bound. He also reports he is waiting for his spinal cord stimulator to be "fixed." The notes demonstrate the Prilosec 20 mg #30 is for his stomach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg #30 mg is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are other unspecified disk disorders lumbar region; sprain/strain lumbar region; and degeneration cervical. The documentation indicates the injured worker has been on Prilosec as far back as 2012. There are no comorbid conditions or past medical history compatible with gastrointestinal problems with GI bleeding. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Additionally, the injured worker has not been taking nonsteroidal anti-inflammatory drugs. Consequently, absent clinical documentation with risk factors, comorbid conditions and past medical history placing the injured worker at risk for gastrointestinal events, Prilosec 20mg #30 mg is not medically necessary.