

Case Number:	CM15-0027657		
Date Assigned:	02/18/2015	Date of Injury:	07/21/2013
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
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

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 43 year old female who sustained an industrial injury on 07/21/2013. Current diagnoses include sprain/strain of elbow/arm, lesion of ulnar nerve, and sprain/strain lumbar. Previous treatments included medication management. Report dated 01/07/2015 noted that the injured worker presented with complaints that included left arm pain. Physical examination was positive for abnormal findings. The physician noted that the Prilosec was prescribed for gastrointestinal distress, but no complaints were documented. Utilization review performed on 01/23/2015 non-certified a prescription for Prilosec, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS/ACOEM/Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with complaints of worsening pain in the left arm and elbow. The current request is for PRILOSEC 20MG BID #60. The MTUS Guidelines, pages 68 and 69, states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Ages greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticoid and/or anticoagulant. 4. High dose/multiple NSAID. The patient medication regimen includes Vaseretic, cyclobenzaprine and a topical NSAID. Progress reports 1/7/15 and 11/26/14 provide no discussion regarding this medication. Progress report dated 10/15/14 states that Prilosec is for "GI." The patient has been utilizing Prilosec since at least 7/16/14. There is no further discussion regarding the use of this medication. In this case, the patient is not utilizing an anti-inflammatory, and there is no documentation of dyspepsia or GI issues to warrant the use of omeprazole. Routine prophylactic use of PPI without documentation of gastric issues is not supported by MTUS Guidelines without GI assessment. The requested Prilosec is not medically necessary.