

Case Number:	CM15-0028081		
Date Assigned:	02/20/2015	Date of Injury:	12/30/2013
Decision Date:	04/06/2015	UR Denial Date:	01/16/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old male, who sustained an industrial injury on December 30, 2013. He has reported injury after falling off of a roof. The diagnoses have included lumbar radiculopathy. Treatment to date has included physical therapy, medications, epidural steroid injection, and radiological imaging. Currently, the IW complains of low back and left ankle pain with radiation into the left leg. He rates his pain as 9/10. The records note symptoms have not changed since his injury. He continues to work full time. He reported having excellent pain relief after 2 physical therapy sessions. The records indicate a magnetic resonance imaging of the lumbar spine on October 17, 2014, reveals disc herniation. Physical findings reveal decreased range of motion of the lumbar spine with tenderness and spasms were noted; a positive straight leg raise test on the left, and a positive Stork's test. The records indicate Prilosec has been prescribed as a gastrointestinal prophylaxis to decrease risk of gastrointestinal irritation. On January 16, 2015, Utilization Review non-certified Prilosec 20 mg, #60. The MTUS guidelines were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of Prilosec 20 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, PPI (Proton Pump Inhibitor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patients chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 prescription is not medically necessary.