MAXIMUS Federal Services

Case Number:	CM15-0223653		
Date Assigned:	11/19/2015	Date of Injury:	07/10/2003
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/13/2015

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 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 a(n) 56 year old male, who sustained an industrial injury on 7-10-03. The injured worker was diagnosed as having sciatica, low back pain, junctional discopathy with herniated nucleus pulposus at L4-L5 and multiple spinal surgeries with junctional discopathy. Subjective findings (2-6-15, 3-6-15) indicated pain in the neck and low back. The injured worker rated his pain 6-7 out of 10. There is no documentation of the injured worker reporting gastrointestinal distress related to medication use or history gastrointestinal disease. Objective findings (2-6-15, 3-6-15) revealed decreased cervical range of motion and tenderness to palpation in the cervical and lumbar spine. As of the PR2 dated 10-2-15, the injured worker reports pain in his neck and lower back. He rates his pain 5-7 out of 10. Objective findings include decreased cervical and lumbar range of motion and tenderness to palpation of the lumbar spine. The treating physician noted that long-term use of Norco has caused gastrointestinal upset. Current medications include Norco and Prilosec (since at least 1-9-15). Treatment to date has included Ultram and topical creams. The Utilization Review dated 11-4-15, non-certified the request for Prilosec 20mg #100 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #100 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System.Gastroesophageal Reflux Disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p. [11 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.