

Case Number:	CM15-0033518		
Date Assigned:	02/27/2015	Date of Injury:	07/18/2007
Decision Date:	04/09/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 71-year-old male reported a work-related injury on 07/18/2007. According to the progress notes from the primary treating provider dated 2/6/15, the injured worker (IW) reports pain in the right knee, which locks up and causes an altered gait; this causes increased low back pain. He had gastritis and GERD symptoms unless he uses Prilosec regularly. Physical examination of the lumbar spine revealed muscle rigidity, tenderness on palpation, limited range of motion, decreased reflexes and sensation and 5/5 strength and positive SLR. A detailed recent GIT examination was not specified in the records provided. The IW was diagnosed with lumbar myoligamentous injury with facet arthropathy; bilateral lower extremity radicular symptoms; status post spinal fusion at L5-S1; right knee internal derangement, status post arthroscopy and medication-induced gastritis. Previous treatments include medications, physical therapy (PT), aquatic therapy, acupuncture, epidural steroid injections, trigger point injections, Synvisc-One injection, lumbar surgery, knee arthroscopy and cane/brace use. The treating provider requests Prilosec 20mg, #60. He has had a urine drug toxicology report that was consistent. The patient has had MRI and CT scan of the low back. The medication list include Anaprox, Norco, Neurontin and Flexmid. The patient has had EMG that revealed L5-S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Prilosec 20mg. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. A detailed recent gastrointestinal system examination was not specified in the records provided The medical necessity of the request for Prilosec 20mg is not fully established in this patient.