

Case Number:	CM15-0035178		
Date Assigned:	03/03/2015	Date of Injury:	11/25/2013
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/24/2015

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, Pain Management

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 (IW) is a 38 year old male who sustained an industrial injury on 11/25/2013. He has reported continued back pain in his low back rated a 6/10 despite treatment that includes lumbar microdiscectomy at L4-5 (10/16/2014), 12 post-operative physical therapy visits, medications, and other conservative measures prior to surgery. Diagnoses include L4-5 microdiscectomy, L5-S1 annular tear, and mild facet hypertrophy. A progress note from the treating provider dated 01/22/2015 indicates the IW still complains of pain at a 6/10. Examination of the lumbar spine showed decrease range of motion in all planes with decreased strength and sensation on the right, 4/5 at L5 only, normal at L4 and S1. There was normal strength and sensation on the left at L4, L5 and S1. Deep tendon reflexes were 1+ bilaterally at patellar and Achilles tendons. Treatment plans now include an additional course of physical therapy 2x6 weeks and the medications of Norco 10/325mg, Flexeril 10 mg, Prilosec 20mg, and Kera-Tek gel. He remains temporarily totally disabled. On 02/11/2015 Utilization Review non-certified a request for Prilosec Cap 20 MG #60. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.