MAXIMUS Federal Services

Case Number:	CM15-0044852		
Date Assigned:	03/17/2015	Date of Injury:	06/07/2002
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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 is a 53-year-old male patient who sustained an industrial injury on 6/7/02. The current diagnoses include cervical sprain, internal derangement left shoulder, cervical disc syndrome, cervical radiculitis, dyspepsia and insomnia. Per the doctor's note dated 1/29/2015, he had complains of flare up of his neck pain. The physical examination of the cervical spine revealed tenderness, spasm and decreased range of motion. The current medications list includes norco, naproxen, and prilosec. Treatments to date have included oral pain medication, proton pump inhibitor, and non-steroidal anti-inflammatory drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

Decision rationale: Request: Prilosec Cap 40mg #30Prilosec contains omeprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, 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 ananticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the current records that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointenstinal disorders, gastrointenstinal bleeding or peptic ulcer. The medical necessity of Prilosec Cap 40mg #30 is not medically necessary for this patient.