

Case Number:	CM15-0046838		
Date Assigned:	03/19/2015	Date of Injury:	05/28/2008
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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 is a 48 year old male with an industrial injury dated 05/28/2008. His diagnoses include low back pain, lumbar radiculopathy and neck pain. He has been treated with medications, injections, chiropractic treatment, and physical therapy. The injured worker's main complaint was low back pain radiating into the left lower extremity. In the progress note dated 02/04/2015 the physician reports the injured worker had started acupuncture and felt like it was helping. The injured worker states with medication he is able to do his self-care activities of daily living. The provider requested anti-inflammatory medication and Prilosec 20 mg # 30. For review is the Prilosec. Upset stomach was noted with ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 20mg, #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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 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, it is noted that the patient has complaints of dyspepsia secondary to NSAID use. In light of the above issues, the currently requested omeprazole (Prilosec) is medically necessary.