

Case Number:	CM15-0048215		
Date Assigned:	03/20/2015	Date of Injury:	07/30/2014
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/13/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 49 year old male who sustained an industrial injury on 07/30/2014. Current diagnoses include cervical sprain/strain, lumbosacral sprain/strain, and discopathy L5-S1. Previous treatments included medication management, physical therapy, and some home exercises. Diagnostic studies included MRI of the lumbar spine. Initial complaints included a severe sharp pain from the left side of the neck to his lower back. Report dated 01/21/2015 noted that the injured worker presented for follow-up. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included proceeding with the injection to the lower back, recommended physical therapy but this was not authorized, follow-up in 4-6 weeks, requests for omeprazole DR, Naproxen EC, and cyclobenzaprine. The physician noted that the reason omeprazole was added was due to the injured worker being on chronic anti-inflammatories and would like to try to avoid the risk for NSAID induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68 - 69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder nor are there any complaints of gastric upset. Therefore, this request for Prilosec is not medically necessary.