

Case Number:	CM15-0050854		
Date Assigned:	03/24/2015	Date of Injury:	11/15/2011
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/17/2015

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 65 year old male, who sustained an industrial injury on 11/15/2011. He has reported subsequent back pain and was diagnosed with failed back surgery syndrome, chronic pain syndrome, facet arthropathy of the lumbar spine, neuropathic pain, anxiety and depression. Treatment to date has included opioid pain medication, home exercise program and surgery. In a progress note dated 02/11/2015, the injured worker complained of continued low back and right foot/ankle pain. There were no subjective or objective findings of the gastrointestinal system documented during this visit. The physician noted that the injured worker was at intermediate risk for gastrointestinal events and submitted a request for authorization of a Prilosec refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, thirty count: 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. The most recent progress note, dated February 11, 2015, which prescribes this medication does not indicate that the injured employee has a G.I. disorder. Additionally, there is no documentation of any significant risk factors for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.