

Case Number:	CM15-0051413		
Date Assigned:	03/24/2015	Date of Injury:	04/23/2014
Decision Date:	05/04/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53 year old male, who sustained an industrial injury on 4/23/14. He has reported injury after lifting a heavy bag of trash with sharp pain from neck down to testicles. The diagnoses have included lumbar radiculitis, thoracic spine pain, and lumbosacral sprain with bilateral sciatica. Treatment to date has included medications, diagnostics, acupuncture, physical therapy and Home Exercise Program (HEP). The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 8/22/14. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 2/16/15. Currently, as per the physician progress note dated 12/2/14, the injured worker complains of constant pain across the lumbar spine rated 3-9/10. The pain radiates to the thighs and feet with numbness and tingling and weakness of the left lower extremity. The current medications included Tylenol and Naprosyn anti-inflammatory. The physician requested treatment includes Prilosec 20mg 1 PO QD# 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 PO QD no. 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Prilosec 20mg #30 is not medically necessary.