

Case Number:	CM15-0056885		
Date Assigned:	04/17/2015	Date of Injury:	04/21/2011
Decision Date:	05/19/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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: Internal 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 36 year old female who sustained an industrial injury on 4/21/11. She has reported initial complaints of low back injury with pain. The diagnoses have included chronic low back pain to left posterior thigh and chronic lumbar muscle strain on the left. Treatment to date has included medications, ice/heat, transcutaneous electrical nerve stimulation (TENS), activity modifications, and conservative measures. There were no recent diagnostics noted. The current medications included Norco, Nalfon, Trazodone, Prilosec, Gabapentin and Mirtazapine. As per the physician progress note dated 9/16/14, the injured worker complains of low back pain with numbness and tingling in the left leg. Pain was rated 7/10 on pain scale and when she uses her medications the pain decreases to 3/10. She was not working at the time of the exam and complains of problems with sleeping due to pain. The objective findings revealed blood pressure of 146/87, pulse of 81, she was overweight, and lumbar range of motion was decreased. It was noted that the medications were beneficial in reducing the pain and the proton pump inhibitor was being used to prevent stomach upset with taking the medications. The physician requested treatment included Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60/denied by physician advisor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The treating physician's progress reports dated 4/2/15 and 12/26/14 do not document the prescription of nonsteroidal anti-inflammatory drugs (NSAIDs). The progress reports dated 4/2/15 and 12/26/14 do not document gastrointestinal complaints or conditions. Because of the absence of gastrointestinal conditions, the request for the proton pump inhibitor Prilosec (Omeprazole) is not supported by MTUS guidelines. Therefore, the request for Prilosec (Omeprazole) is not medically necessary.