

Case Number:	CM15-0080003		
Date Assigned:	05/01/2015	Date of Injury:	09/16/2014
Decision Date:	06/05/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 male, who sustained an industrial injury on 9/16/14. He reported initial complaints of mid and low back. The injured worker was diagnosed as having lumbar radiculitis; left knee contusion. Treatment to date has included medications. Currently, the PR-2 notes dated 3/16/15 indicated the injured worker complains of pain in the mid back, lower back and left knee with radiation to the left leg associated with tingling, numbness and weakness in the left leg. He reports the pain is constant in frequency and severe in intensity, sharp and throbbing with muscle pain. His reported pain scale: 8/10 at best and 9/10 as worse; his average pain level in the last seven days has been a 9/10. The pain in his back is 70% of his pain and the leg pain is 30%. The physical examination reveals a decrease in lumbar range of motion tenderness to palpation over the paraspinal muscles consistent with spasms, positive straight leg raise on the left. The provider notes tenderness to palpation over the left knee medial joint line; with decreased sensation in the left L5 and S1 dermatomes of the bilateral lower extremities. The provider's treatment plan includes a request for a lumbar spine MRI and medications Tramadol ER, Naproxen and a gastrointestinal prophylaxis medication - Prilosec cap 2mg #60. This portion of the request (Prilosec) was denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec cap 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing mid- and lower back pain, left knee pain that went into the left leg, and numbness and tingling of the left leg with weakness. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had increased risk for gastrointestinal events and why a NSAID needed to be continued, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty capsules of omeprazole 20mg is not medically necessary.