

Case Number:	CM15-0082035		
Date Assigned:	05/04/2015	Date of Injury:	10/13/2004
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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: Physical Medicine & Rehabilitation

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 female who sustained a work related injury October 13, 2004. Past history included angina, asthma, liver disease, hepatitis C, stomach ulcers, s/p L4-S1 anterior lumbar fusion 2012, right carpal tunnel release, 2013, right carpal tunnel decompression September, 2013. According to a physician's progress notes, dated April 3, 2015, the injured worker presented with ongoing low back pain and pain in her left lower extremity. She reports her pain 5/10 with medication, which allows her to be self-sufficient and also able to walk, with a 50 pound weight loss, in the last year. She uses around the clock analgesic for her moderate to severe pain. Currently there is a request for surgery for the malunion and non- fusion at L5-S1 pending. Diagnoses included lumbago; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; cervical spondylosis without myelopathy; cervicgia. Treatment plan included encourage home exercise, await surgical recommendation, and at issue, a request for authorization of Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg (unidentified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Although there were noted symptoms, it is unclear if the patient is prescribed any NSAIDs and submitted reports have not identified or provided any clinical findings, or confirmed diagnostic testing that meet the criteria to indicate medical treatment to warrant this medication. The Prilosec 20mg (unidentified quantity) is not medically necessary and appropriate.