

Case Number:	CM15-0083498		
Date Assigned:	05/05/2015	Date of Injury:	07/20/2000
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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 42 year old male who sustained an industrial injury on 07/20/2000. Current diagnoses include strain/sprain of cervical spine, impingement syndrome of the right shoulder, below the knee amputation-right leg, psychological injuries, urethral injuries, status post electrocution, and psoriasis. Previous treatments included medication management and right below the knee amputation. Report dated 04/06/2015 noted that the injured worker presented with complaints that included neck, right shoulder, and right leg/stump pain. it was noted that the injured worker is currently working. Medication regimen includes Norco for pain, Zanaflex for muscle spasms, Naproxen, and Prilosec. Pain level was 0-3 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for an obvious antalgic gait, and grip strengths were recorded. There were no complaints of gastrointestinal distress with use of medications. The treatment plan included prescription for replacement of BK prosthesis right lower extremity, prescription for gel liner, prescriptions for Norco, Zanaflex, Prilosec, and Naproxen, request for urine drug screen, and follow up in 3-6 months. Disputed treatments include Prilosec 20 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines Prilosec (Omeprazole); See Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, 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, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg #30 is not medically necessary and appropriate.