MAXIMUS Federal Services

Case Number:	CM15-0084941		
Date Assigned:	05/07/2015	Date of Injury:	08/18/2010
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Emergency 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:

This 60-year-old female sustained an industrial injury to the left knee, back and neck on 8/18/10. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, chiropractic therapy, knee brace, epidural steroid injections, injections and medications. Electromyography (2/2/15) was normal. In a PR-2 dated 3/26/15, the injured worker complained of persistent back, neck, left shoulder and left knee pain rated 7-8/10 on the visual analog scale. The injured worker reported persistent numbness down bilateral arms to the hands and radiation of numbness down the left leg to the foot. The injured worker also complained of persistent anxiety that could be severe at times. Current medications included Naproxen (since 11/2014), Omeprazole and Topamax. Current diagnoses included L4-5 central stenosis, status post cervical spine fusion, bilateral rotator cuff tendinosis, history of head injury due to motor vehicle crash, whole body pain and left knee degenerative joint disease. The treatment plan included a pain psychology consultation, an Orthovisc series for the right knee and medications (Naproxen and Omeprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120: Overturned

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

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Naproxen, which was approved by UR. Patient has complaints of gastritis/dyspepsia while on NSAIDs. Patient is not high risk for GI bleeding. Since patient has dyspepsia while on NSAIDs, a PPI is warranted. Prilosec is medically necessary.