

Case Number:	CM15-0085518		
Date Assigned:	05/08/2015	Date of Injury:	09/23/2009
Decision Date:	06/11/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/05/2015

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:

The injured worker is a 42 year old female who sustained an industrial injury on September 23, 2009. She has reported left ankle injury and has been diagnosed with left ankle, non-fusion, status post multiple surgeries, Chronic regional pain syndrome, left leg stable, and status post lumbar sympathetic injection with moderate relief. Treatment has included surgery, bracing, physical therapy, medications, injections, chiropractic care, a home exercise program, and aqua therapy. It is noted that medication use has decreased by approximately 20%. Functional ability has increased moderately with an increase in activity level and endurance. Objective findings note that swelling to the left leg has improved with a brace. Straight leg raise is negative. There was no fusion to the left ankle. The orthopedist recommended reconstruction/fusion. The treatment request included Prilosec 20 mg 1 tab 2 times daily # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 tablet 2 times daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI and cardiovascular risk Page(s): 99, 68, 78-81.

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 not noted to be on any NSAIDs. There is report of patient having "GI upset" from oxycodone and Lyrica which is not an indication for PPI use. Patient is not high risk for GI bleeding. Patient does not meet any MTUS guidelines to recommend PPI, Prilosec/Omeprazole is not medically necessary.