

Case Number:	CM14-0112717		
Date Assigned:	08/01/2014	Date of Injury:	05/13/2013
Decision Date:	09/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68-year-old female who has submitted a claim for spondylolisthesis grade 2 L4-5 with bilateral lower extremity radicular symptoms lumbago associated with an industrial injury date of 05/13/2013. Medical records from 05/27/2014 to 07/28/2014 were reviewed and showed that patient complained of low back pain radiating down bilateral legs. Of note, there was no subjective complaint of gastrointestinal disturbances. Physical examination revealed decreased lumbar ROM, decreased sensation along L5 to S1 dermatomal distribution, intact DTRs and MMT of lower extremities, and negative SLR test. X-ray of the lumbar spine dated 02/25/2014 revealed degenerative changes throughout the lumbar spine, decreased disc height at L4-5 and L5-S1, L4-5 anterolisthesis, and anterior distal calcification at L1-L2. MRI of the lumbar spine dated 07/01/2013 revealed t12-L4 disc desiccation, L4 on L5 anterolisthesis, and L5-S1 disc protrusion with disc desiccation and spinal canal narrowing. Treatment to date has included Omeprazole (quantity not specified; prescribed since 05/27/2014), physical therapy, anti-inflammatory medications, analgesics, and other types of medication treatments. Utilization review dated 07/03/2014 modified the request for Prilosec 20mg #60 to Prilosec 20mg #20 for further treatment of heartburn secondary to previous NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg QTY: not specified: Upheld

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

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age greater than 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Omeprazole (quantity not specified) since 05/27/2014. However, there was no subjective complaint of gastrointestinal disturbances. The patient did not meet the criteria for those at risk for gastrointestinal events to support continuation of Prilosec use. Furthermore, the request did not indicate the quantity of Prilosec to be dispensed. Therefore, the request for Prilosec 20 mg is not medically necessary.