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| Case Number: | CM14-0129642 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 01/06/2013 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year old female was reportedly injured on January 6, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated and July 14, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Current medications include Norco, Cyclobenzaprine, and Naproxen. The physical examination demonstrated tenderness along the lumbar spine with decreased range of motion, positive left sided straight leg raise test at 45 degrees, lower extremity neurological examination noted decreased sensation at the left L5 and S1 dermatomes. Diagnostic imaging studies were not available. Previous treatment includes lumbar spine surgery, physical therapy, and oral medications. A request was made for Prilosec and was not certified in the preauthorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: 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 Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of Gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing nonsteroidal antiinflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the Medical Treatment Utilization Schedule (MTUS). Therefore, this request for Prilosec is not medically necessary.