MAXIMUS Federal Services

Case Number:	CM14-0142705		
Date Assigned:	09/10/2014	Date of Injury:	02/07/2005
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 Maryland. 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 50 year old male with a work injury dated 11/2/09. The diagnoses include cervical spondylosis, lumbar degenerative disc disease with radiculitis. Under consideration is a request for Prilosec 20mg, #60. There is a primary treating physician report dated 8/1/14 that states that the patient complains of lumbosacral pain; left leg pain; depression; neck pain. The physical exam reveals that on exam the patient uses a walker. There is a positive straight leg raise. There is a diagnoses of lumbar spinal stenosis and spinal stenosis of a region other than cervical. The patient is recommended to follow up with orthopedic surgeons.MRI imaging on 5/9114 showed disc protrusion at C4-5 and bilateral foraminal stenosis, and an MRI of the lumbar spine on 5/15/14 also showed a disc protrusion. An electrodiagnostic study on 6/27/14 had shown acute left C6 radiculopathy and acute left L5 radiculopathy.There is an 8/18/14 document requesting authorization for a anterior cervical fusion and discectomy at C4-5 and C5-6 with iliac aspiration, bone graft, interbody cages C4-5 and C5-6 with cervical plating. Per documentation the on 7/10/2014, the patient was seen in follow up by a pain management. There is a diagnoses of medication-induced gastritis.The patient remained on his oral analgesics, but had been able to wean off MS Contin after undergoing a cervical epidural injection. The patient required Norco 10/325, 6 tablets per day, and also Topamax for his radicular symptoms. The patient also felt a combination of Lidoderm and Anaprox had been beneficial in allowing him to be as functional as possible. He was prescribed Norco, Anaprox,Prilosec, Topamax, Cymbalta, Sonata, Cialis, and MS Contin.

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 Anti-inflammatory medications and gastrointestinal symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation http://www.rxlist.com/prilosec-drug/indications-dosage.htm;

Decision rationale: Prilosec 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per MTUS guidelines Omeprazole is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The MTUS recommends Prilosec 20mg for intermediate risk for gastrointestinal events and no cardiovascular disease. The Omeprazole dosing guidelines recommend 20mg Prilosec daily for GERD. It is unclear from the documentation why 20mg twice daily is required as a dose. Additionally, the documentation does not indicate patient discussion/complaints of GERD or gastrointestinal complaints For these reasons the request for Prilosec 20mg #60 is not medically necessary.