

Case Number:	CM14-0148301		
Date Assigned:	09/18/2014	Date of Injury:	08/08/2007
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/11/2014

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 has a subspecialty in Pain Management 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:

This is a patient with a date of injury of August 8, 2007. A utilization review determination dated August 18, 2014 recommends non certification of Prilosec. A letter dated April 4, 2014 indicates that the patient has chronic pain and has been using non-narcotic medication to manage her symptoms. She is also using ice, heat, back brace, and a tens unit. A progress report dated April 25, 2014 identifies subjective complaints of low back pain with numbness in the toes of both feet. Objective examination findings revealed restricted lumbar spine range of motion. Diagnoses include lumbar discogenic pain with facet arthropathy and some radicular component, depression, hypertension, and weight gain. The treatment plan recommends activity modification, pain management referral, and continues medications including tramadol, Flexeril, mirtazapine, gabapentin, and naproxen. Additionally, Prilosec is recommended to treat stomach upset from taking medications. Naproxen is prescribed at 500 mg #60. A progress note dated February 13, 2014 indicates that naproxen is prescribed at 550 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs, GI symptoms & c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it appears the patient is taking high-dose NSAIDs on a consistent basis. This would put the patient at an elevated risk category for gastrointestinal events. There is some question as to whether the patient is taking 20 mg or 40 mg of omeprazole per day. Guidelines support the use of 20 mg for prophylactic treatment. However, the 60 pills currently requested should give the treating provider time to better document how the Prilosec is being used, how the naproxen is being used, and whether the patient is having specific G.I. complaints. As such, the currently requested Prilosec 20 mg #60 is medically necessary.