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| Case Number: | CM14-0166734 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 02/14/1995 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 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 79 year-old patient sustained an injury on 2/14/1995 while employed by [REDACTED]. Request(s) under consideration include Prilosec 20mg #60 with 2 refills. Diagnoses include cervical spine sprain/strain and s/p right knee total arthroplasty. Medications list Condrolite, Naproxen, and Prilosec. Report of 8/21/14 from the provider noted the patient with ongoing chronic neck and mild right knee pain. Exam showed diffuse cervical tenderness; decreased range of motion with positive axial compression test; right knee with range of 0-130 degrees. Treatment included medication refills. The request(s) for Prilosec 20mg #60 with 2 refills was non-certified on 9/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper secretion diseases. Per

MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI history, symptoms, side-effects, and diagnosis that meet the criteria to indicate medical treatment. Prilosec 20mg #60 with 2 refills is not medically necessary.