

Case Number:	CM14-0214450		
Date Assigned:	01/07/2015	Date of Injury:	11/12/2005
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 November 12, 2005. A utilization review determination dated October 2, 2014 recommends modified certification of Prilosec. A progress report dated November 18, 2014 identifies subjective complaints indicating that the patient takes the medications as prescribed and feels that they are appropriate. Review of systems indicates no dyspepsia, diarrhea, or gastroesophageal reflux disease. Diagnoses include low back pain, muscle spasm of the back, and chronic intractable pain. The treatment plan recommends medication, and discussion regarding controlled medication policy changes. A progress report dated October 2, 2014 indicates that the patient has reflux disease. Prilosec is prescribed to treat gastroesophageal reflux disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 10mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

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 does have complaints of dyspepsia. However, it is unclear whether this has been evaluated and if it has been found to be due to medication or dietary issues, whether those issues have been attempted to be addressed. Utilizing proton pump inhibitor medications for more than one year increases the risk of hip fracture. Therefore, addressing the underlying issues which are causing the reflux disease would be preferred rather than prescribing omeprazole for one year. Additionally, there is no statement indicating how the patient has responded to treatment with omeprazole. As such, a one-year prescription of omeprazole is not medically necessary and there is no provision to modify the current request. Therefore, the currently requested omeprazole (Prilosec) is not medically necessary.