MAXIMUS Federal Services

Case Number:	CM14-0099078		
Date Assigned:	09/16/2014	Date of Injury:	09/17/1999
Decision Date:	07/07/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/27/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 58 year old male injured worker suffered an industrial injury on 09/17/1999. The diagnoses included cervical facet arthropathy, cervical radiculopathy, cervical fusion, lumbar disc displacement, lumbar facer arthropathy, lumbar post-laminectomy syndrome, lumbar radiculopathy, and lumbar spinal stenosis. The diagnostics included electromyographic studies/nerve conduction velocity studies, left shoulder, left knee, cervical and lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 5/8/2015 the treating provider reported low back pain that was constant resulting in difficulty sleeping. The pain was 8/10 with medications and 9/10 without medications and had worsened. On exam there was tenderness and reduced range of motion along with positive facet signs. The treatment plan included Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Omeprazole.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec DR 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical facet arthropathy; cervical radiculopathy; status post cervical spinal fusion; lumbar disc displacement; lumbar facet arthropathy; lumbar post laminectomy syndrome; lumbar radiculopathy; lumbar spine stenosis; erectile dysfunction; vitamin D deficiency; chronic pain; and status post left shoulder surgery. The earliest progress note in the medical record is dated November 22, 2013. The injured worker was taking 2 nonsteroidal anti-inflammatory drugs, ketoprofen 50 mg and Voltaren XR (no strength). Prilosec DR 20 mg was prescribed. There were no risk factors or comorbid conditions placing the injured worker at risk for gastrointestinal events. There was no clinical indication or rationale for Prilosec DR. The progress note dated June 5, 2014 (request for authorization dated June 4, 2014) showed the injured worker had continued low back pain that radiated to the bilateral lower extremities. The treating provider continued both nonsteroidal anti-inflammatory drugs and Prilosec. Again, there was no clinical indication or rationale for two nonsteroidal anti-inflammatory drugs taken concurrently. There was no clinical indication or rationale or Prilosec DR. Consequently, absent clinical documentation with a clinical indication and rationale for a proton pump inhibitor, Prilosec DR 20 mg #30 is not medically necessary.