

Case Number:	CM15-0111212		
Date Assigned:	06/17/2015	Date of Injury:	01/10/2013
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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

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 injured worker is a 32 year old female, who sustained an industrial injury on January 10, 2013. Treatment to date has included medications, MRI of the lumbar spine, and lumbar brace. Currently, the injured worker complains of chronic pain in the neck, upper and lower back. She reports that pain extends into the left arm, right and left knees and right ankle. The injured worker rates her pain a 7 on a 10-point scale and notes that her pain is aggravated with bending, twisting, prolonged standing, prolonged sitting, walking and coughing. Documentation reveals she has been unable to take her medication because they upset her stomach and notes that the Prilosec does as well. She reported that she took Prilosec on three occasions. On physical examination the injured worker has decreased range of motion of the cervical and lumbar spine due to pain. She has cervical and trapezial tenderness and muscle spasms. Her sensation is intact over all dermatomes of the bilateral upper extremities and left lower extremity. She has decreased sensation over the right lower extremity. The diagnosis associated with the request is sprain of the ankle. The treatment plan includes Prilosec and Naprosyn.

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 NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The patient has noted intolerance to medications including Prilosec as they upset her stomach. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion 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, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg #60 is not medically necessary or appropriate.