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| Case Number: | CM15-0116842 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 01/14/2010 |
| Decision Date: | 07/27/2015 | UR Denial Date: | 05/23/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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(n) 40 year old female, who sustained an industrial injury on 1/14/10. She reported pain in her lower back and right arm related to a slip and fall accident. The injured worker was diagnosed as having lumbar radiculitis, cervical radiculitis, neck pain, low back pain, thoracic pain and coccydynia. Treatment to date has included acupuncture with some benefit, a lumbar epidural injection on 4/3/13 and a lumbar MRI on 12/3/14 showing degenerative disc disease at L4-L5 with a 3mm disc protrusion. Current medications include Hydrocodone/APAP, Cyclobenzaprine, Fenoprofen, Ketotifen and Omeprazole. As of the PR2 dated 5/14/15, the injured worker reports increased pain in her lower back and radiating down her right leg. She noted that the Omeprazole is decreasing her heart burn caused by the Fenoprofen. Objective findings include full lumbar flexion and limited extension and tenderness to palpation over the lower lumbar area and over the trapezius and rhomboids bilaterally. The treating physician refilled the current medications. The treating physician requested Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 63-64, 67-68, 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 40 year old female has complained of low back pain and neck pain since date of injury 1/14/10. She has been treated with acupuncture, epidural steroid injections, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.