

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0122585 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 01/05/2000 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 06/24/2015 |

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, 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 injured worker is a 44 year old female, who sustained an industrial injury on January 5, 2000, incurring neck, left shoulder and lower back injuries after a motor vehicle accident. A lumbar computed tomography scan revealed disc bulging and stenosis and x rays of the cervical spine showed spasms. She was diagnosed with lumbar disc displacement, lumbar spine radiculopathy and shoulder pain. She underwent a lumbar laminectomy in May 2011. Treatment included pain medications, anti-inflammatory drugs, sleep aides, proton pump inhibitor, antidepressants and spinal cord stimulator trial. Currently, the injured worker complained of ongoing pain in the low back radiating down both legs to the feet. She complained of pain in her neck, left shoulder and left upper extremity with restricted range of motion. The treatment plan that was requested for authorization included a prescription for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Dr 20 mg 1 capsule twice a day #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec DR 20mg one capsule bid #60 with three refills is not medically necessary. Prilosec 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. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are failed total disk arthroplasty L4 - L5; postop left leg radiculopathy; L4 - L5 disc displacement; left shoulder pain; and status post permanent implant spinal cord stimulator. The date of injury is January 5, 2000. Request for authorization is dated June 9, 2015. The earliest progress note in the medical record containing a Prilosec DR 20mg prescription dated December 3, 2014. The injured worker was taking ibuprofen 800 mg. There were no comorbid conditions or past medical history compatible with history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no clinical rationale for proton pump inhibitor use. Consequently, absent clinical documentation with a clinical indication and rationale for proton pump inhibitor and risk factors or co-morbid conditions, Prilosec DR 20mg one capsule bid #60 with three refills is not medically necessary.