

Case Number:	CM15-0062703		
Date Assigned:	04/08/2015	Date of Injury:	03/10/2011
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/02/2015

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 62 year old female, who sustained an industrial injury on 3/10/2011. The current diagnoses are cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, sciatica, and internal derangement of the knee. According to the progress report dated 3/6/2015, the injured worker complains of neck and back pain. The pain is rated 8/10 on a subjective pain scale. The pain at its worse is rated 10/10 and at its best is 4/10. The current medications are Tramadol, Prilosec, and compound cream. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, and physical therapy. The plan of care includes Prilosec, request for medical records, acupuncture, Tramadol, and home interferential stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, every day, #30: 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Proton Pump Inhibitor.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg, every day, #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 intervertebral disc disorder with myelopathy; lumbar intervertebral disc disorder with myelopathy; sciatica and internal derangement of the knee. Documentation from a January 2015 progress note shows the injured worker is taking Norco 10/325 mg. The injured worker is not taking Prilosec at that time. In a progress note dated March 6, 2015, the treating physician prescribe a topical analgesic, tramadol and Prilosec 20 mg #30 "to protect the stomach lining". There is no history of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. The treating physician prescribed Prilosec for prophylaxis only. Consequently, absent clinical documentation with risk factors or comorbid conditions placing the injured worker at risk for gastrointestinal events, Prilosec 20 mg, every day, #30 is not medically necessary.