

Case Number:	CM15-0063020		
Date Assigned:	04/09/2015	Date of Injury:	10/26/2011
Decision Date:	05/14/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38-year-old female patient, who sustained an industrial injury on 10/26/2011. She reported taking care of a patient and a wheelchair accidentally crushed her left foot, resulting in her twisting her body. The diagnoses include left foot crush injury and lumbar degenerative disc disease, with contributing diagnosis noted as anxiety/depression and reflux disease. Per the doctor's note dated 3/18/2015, she had complaints of low back pain, left foot pain, and constipation. The physical examination revealed moderate distress, tearful, frustrated and difficulty with rising from recumbency. Medications included Norcosoft and Prilosec. She has had EMG/NCS dated 6/20/2012 and 2/27/2013 which revealed chronic bilateral L5 radiculopathy; EMG/NCS dated 10/29/2014 which revealed chronic bilateral S1 radiculopathy. She has had chiropractic visits, acupuncture visits and lumbar epidural steroid injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary Online Version, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Prilosec 20 Qty: 30 Prilosec contains omeprazole. Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patient had constipation and as history of abdominal pain. However, a detailed recent abdominal examination is not specified in the records provided. There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20 Qty: 30 is not established for this patient. Therefore, the requested medical treatment is not medically necessary.