

Case Number:	CM15-0063644		
Date Assigned:	04/09/2015	Date of Injury:	02/13/2003
Decision Date:	05/14/2015	UR Denial Date:	03/06/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 50-year-old female, who sustained an industrial injury on February 13, 2003. She reported pain in her back, bilateral arms, and bilateral upper extremities. The injured worker was diagnosed as having status post bilateral shoulder arthroscopic surgery including subacromial decompression per history, status post anterior/posterior lumbar 4-lumbar 5 instrumentation and decompression with subsequent postoperative infection, status post right knee arthroscopic partial medial meniscectomy with chondroplasty per history, psychiatric diagnoses, and rheumatoid arthritis. Treatment to date has included MRI, urine drug screening, lab work, physical therapy, pool therapy, home exercise program, steroid injections, use of a walker for ambulating, a wheelchair, individual psychotherapy, and medications including pain, proton pump inhibitor, immunosuppressant, and non-steroidal anti-inflammatory. On February 17, 2015, the injured worker reports she feel her right hip her biggest problem. The physical exam revealed the injured worker was in a wheelchair, bandages on her feet, and obvious deformity in her extremities, particularly the hands. She is permanent and stationary. The treatment plan includes non-steroidal anti-inflammatory and proton pump inhibitor medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole) 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 9792.20-9792.26 Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.