

Case Number:	CM15-0064251		
Date Assigned:	04/14/2015	Date of Injury:	04/22/2011
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/04/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 62-year-old male who sustained an industrial injury on 04/22/2011. Diagnoses include cervical strain; L4-5 spondylolisthesis and L5-S1 disc protrusion, both with stenosis; closed head injury; left shoulder pain following surgery and bilateral knee strain. Treatment to date has included medications, physical therapy, shoulder injection and surgery. Diagnostics performed to date included electro diagnostic testing, x-rays and MRIs. According to the progress notes dated 2/3/15, the IW reported low back pain that radiated to the left leg and left shoulder pain; there were gait changes due to back and hip pain. He was diagnosed with GERD/gastritis 8/27/10. A request was made for Prilosec 20mg twice a day as needed for treatment of occasional stomach upset stemming from pain medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, one bid prn #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg, one bid prn #60 with 2 refills is not medically necessary.