

Case Number:	CM15-0064841		
Date Assigned:	04/10/2015	Date of Injury:	03/22/2010
Decision Date:	05/18/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 48 year old male, who sustained an industrial injury on 3/22/2010, while employed in construction. He reported a fall from 12-13 feet, with loss of consciousness. The injured worker was diagnosed as having lumbar spondylosis, right ankle strain, left knee strain, right wrist ligamentous injury, questionable umbilical hernia, and questionable chemical exposure. Treatment to date has included diagnostics and medications. The PR2 report, dated 1/13/2015, noted that the injured worker denied a history of reflux. Currently, the injured worker complains of right ankle pain, right hand pain, left knee pain, low back pain, umbilical hernia, vertigo, and a sore throat (which he attributed to chemical exposure). Pain was rated 7-8/10. Medication use included Ibuprofen, Norco, and Vicodin. His throat was clear on exam. The treatment plan included Prilosec and consult with internal medicine to evaluate exposure to chemicals (possible source to esophagitis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 1 CAP Bottle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309, Chronic Pain Treatment Guidelines Page(s): 67-70.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The utilization review determination dated 3/16/15 documented the non-certification of Naprosyn. The primary treating physician's progress report dated February 24, 2015 documented subjective complaints of low back pain, left knee pain, right ankle pain, and right wrist pain. On physical exam, blood pressure was 178/98. No abdominal examination was documented. No gastrointestinal complaints were documented. The request for Prilosec (Omeprazole) is not supported by MTUS guidelines. Therefore, the request for Prilosec is not medically necessary.