

Case Number:	CM15-0069925		
Date Assigned:	04/17/2015	Date of Injury:	11/05/2013
Decision Date:	05/18/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 34 year old male sustained an industrial injury to the low back on 11/5/13. Previous treatment included magnetic resonance imaging, home exercise, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 2/23/15, the injured worker complained of persistent numbness in the left leg and pain radiating into the right leg. The injured worker having gastrointestinal irritation, Physical exam was remarkable for an antalgic gait. The injured worker could go up on his heels and toes. Current diagnoses included low back pain, bilateral upper and lower extremity pain, lumbosacral sprain/strain, lumbar facet arthropathy and lumbar radiculitis. The treatment plan included continuing home exercise and transcutaneous electrical nerve stimulator unit and continuing medications (Neurontin and Omeprazole). The physician dispensed Lidipro cream, noting that the injured worker was unable to take oral NSAID's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 68, 105, 111-113.

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events 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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patients have GI issue that requires the use of prilosec. There is no documentation in the patients' chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 is not medically necessary.