

Case Number:	CM15-0075853		
Date Assigned:	04/27/2015	Date of Injury:	09/20/2008
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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: Emergency 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 female, who sustained an industrial injury on 9/20/2008. She reported a slip and fall injury with axial lumbosacral spinal pain with left lower extremity symptoms. Diagnoses have included chronic lumbosacral spinal pain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine, chiropractic treatment and medication. According to the progress report dated 3/3/2015, the injured worker complained of back pain with back stiffness, numbness in left arm, sharp pain and hip pain. The pain was located in the lumbar area, lower back and right leg. Physical exam revealed tenderness in the paraspinous area of the lumbar spine. There was decreased sensation to touch on the right foot. Current medications included Cymbalta, Naprosyn, Norco, Prilosec, Topamax and Zanaflex. Authorization was requested for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 MG #30 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Naproxen. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. Prilosec/Omeprazole is not medically necessary.