

Case Number:	CM15-0097684		
Date Assigned:	05/28/2015	Date of Injury:	07/30/2007
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
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 60 year old male who sustained a work related injury July 30, 2007. He was diagnosed with a cervical and lumbar sprain/strain and treated with medication, heat, and physical therapy. According to a treating physician's progress notes, dated April 28, 2015, the injured worker continues with complaints of low back pain, rated 4-5/10 with medication and 6-7/10 without medication. Physical examination revealed he is wearing a lumbar support brace and using a single point cane, as he is listed forward to approximately 10 degrees. Gait is non-antalgic. There is palpable tenderness with guarding of the lumbar spine and clicking and popping sound when forward flexed. Diagnoses are displacement of lumbar intervertebral disc without myelopathy; lumbago; sciatica. Treatment plan included a drawn lab analysis for medication compliance, medication, continue with cane and brace, and return in four months. At issue, a request for authorization for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, twice a day, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 68, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Omeprazole.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg b.i.d #60 with 1 refill is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are displacement lumbar intervertebral disc without myelopathy; lumbago/low back pain; and sciatica. Documentation shows the injured worker was prescribed Prilosec 40 mg as far back as October 16, 2012. A December 30, 2014 note shows the worker is still using Prilosec 20 mg b.i.d. The most recent progress note dated April 28, 2015 shows the injured worker is taking Prilosec 20 mg b.i.d., naproxen and tramadol for breakthrough pain. There are no comorbid conditions or past medical history indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no clinical indication or rationale for Prilosec 20 mg. Consequently, absent clinical documentation with a clinical indication, rationale, risk factors or comorbid conditions for gastrointestinal events, Prilosec 20mg b.i.d #60 with 1 refill is not medically necessary.