MAXIMUS Federal Services

Case Number:	CM15-0098278		
Date Assigned:	05/29/2015	Date of Injury:	09/23/2009
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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: Family Practice

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 42 year old female, who sustained an industrial injury on 9/23/2009. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include left ankle, non-fusion, status post multiple surgeries, CRPS, left leg, and status post lumbar sympathetic injection with moderate relief. Currently, she reported medication use decreased 20% and functional ability improved after a lumbar sympathetic injection provided in July 2014. She reported stomach upset from Oxycodone and Lyrica treated effectively with Prilosec. On 4/2/15, the physical examination documented improvement in the swelling of the left leg, which was in a brace due to non-fusion of the left ankle, awaiting reconstruction and re-fusion. The plan of care included Prilosec 20mg tablets #30.

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.

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

Decision rationale: This patient receives treatment for chronic pain involving the L ankle, leg and lumbar spine regions. The patient has become opioid dependent. The patient has had surgery to correct an ankle fracture, but has non-union. This review addresses a request for refills of Prilosec. Prilosec (Omeprazole) is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Prilosec is not medically necessary.