MAXIMUS Federal Services

Case Number:	CM13-0017176		
Date Assigned:	11/06/2013	Date of Injury:	04/22/2009
Decision Date:	02/11/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in neuromuscular medicine, and is licensed to practice in Maryland. 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 physician 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/services.

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 patient is a 41 year old right handed female with a date of injury of 4/2212009. She has a history of cholecystectomy in the past. This review addresses whether a prescription of Prilosec 20mg #60 is medically necessary. The patient is being treated for chronic right knee pain, chronic right elbow, right wrist pain, chronic post-surgical right shoulder pain, depression, stress and anxiety. Per documentation and physician office visit on 8/5/2013 the patient had complaints of persistent right knee pain that was progressively worse with swelling, as well as persistent right elbow and right wrist pain. She used heat or cold applications and a TENS (transcutaneous electrical nerve stimulation) unit as needed. On physical exam, she had tenderness, pain, mild swelling along the medial and lateral right knee joint lines. Her current medications were Medrox patch, Terocin lotion, Prilosec 20mg, gabapentin 600mg for neuropathic pain, Remeron I5mg #30 for insomnia and naproxen sodium 550mg for anti-inflammation. The patient has been treated with NSAID (non-steroidal anti-inflammatory drug) medications since at least 7/1212012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG);, Chronic Pain Chapter, Prilosec Section

Decision rationale: The Physician Reviewer's decision rationale: There is no history that patient meets MTUS criteria for a proton pump inhibitor incuding : (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The ODG additionally states that "PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise." The request for Prilosec 20mg, 60 count, is not medically necessary or appropriate.