

Case Number:	CM13-0057643		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2010
Decision Date:	07/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 61-year-old male with an 8/14/10 date of injury. He sustained a right foot sprain and right ankle sprain; when he was pushing a buffer and slipped, his ankle twisted and he felt a pop. In a 10/25/13 progress note, the patient was noted to have right knee medial joint line tenderness. He noted swelling and stiffness with occasional buckling. Objective findings included tenderness upon palpation of right knee; all other findings were within normal limits. The diagnostic impression was of right knee medial meniscal tear, right foot and ankle sprain/strain, right foot and leg diabetic pressure ulcers, chronic pain syndrome, and diabetes mellitus. Treatment to date has been medication management and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines and the FDA guidelines.

Decision rationale: The MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor (PPI) used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In a progress note dated 9/27/13, it is documented that the patient has a long history of gastrointestinal indigestion, as well as heartburn. The patient has a long history of heartburn and indigestion. In a 4/3/13 report, the patient reports that he is no longer having symptoms referable to reflux or any other GI complaints with the removal of NSAIDs and the use of Prilosec. Guidelines support the use of Prilosec in this situation. As such, the request is medically necessary.