

Case Number:	CM13-0059651		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2009
Decision Date:	05/02/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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 patient is a 47 year-old male with date of injury on 7/17/09. He suffers from significant chronic back pain as well as lower extremity and hip pain. He has undergone lumbar fusion in 2010. He has also undergone hip surgery for a fractured hip in January 2013. The patient takes numerous medications including opiates such as Dilaudid and Norco. The patient does not take non-steroidal drugs. On 11/18/13, the treating physician requested Prilosec 20mg #6, 2 times per day as needed for gastritis and gastrointestinal symptoms. Medical reviewer on 11/18/13 did not certify the need for Prilosec. The medical records did not reflect ongoing gastrointestinal disturbance, however there is prior history of gastrointestinal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG #60 TAKE 2 X/DAY AS NEEDED FOR GASTRITIS AND GI FACTORS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NASIDS, GI SYMPTOMS & CARDIOVASCULAR RISK .

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 102,611.

Decision rationale: ACOEM and MTUS guidelines recommend proton pump inhibitors for patients with at least intermediate gastrointestinal events and no cardiovascular disease and with

concomitant use of non-steroidal drugs. Based on the available records, the patient is neither taking non-steroidal drugs nor is there documented history of current significant gastrointestinal disorder requiring Prilosec 20 mg twice daily.