

Case Number:	CM14-0005014		
Date Assigned:	02/05/2014	Date of Injury:	02/19/2002
Decision Date:	07/14/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 59-year-old male patient with a 2/19/02 date of injury. The mechanism of injury was not provided. A 12/19/13 progress report indicated that the patient complained of bilateral upper quadrant abdominal pain. The pain occurred 4-6 times daily and lasted 2 minutes. The pain level was 3-4/10. The patient's history was remarkable for peptic ulcer disease diagnosed in 2007. Physical exam demonstrated +1 tenderness over the periumbilical area and bilateral lower quadrants. He was diagnosed with Abdominal pain and Gastroesophageal reflux disease secondary to NSAIDs, internal hemorrhoids, cephalgia secondary to cervical spine injury, blurred vision secondary to headaches vs. diabetes/hypertension, diverticular disease, colonic polyp/tubular adenoma, Gastritis, vitamin D deficiency. Treatment to date: medication management. There is documentation of previous 12/24/13 adverse determination, based on the fact that NSAID use was discontinued, and additional use of Prilosec was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PRILOSEC 20MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9892
Page(s): 68.

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. 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. The patient complained of abdominal pain. He was diagnosed with GERD, Gastritis secondary to chronic NSAID use. Recent progress notes indicated that the patient still complained of abdominal pain. This patient has a long-standing history of gastritis and GERD, and guidelines would support the use of Prilosec in this setting. Therefore, the request for 1 Prescription of Prilosec 20MG #30 was medically necessary.