MAXIMUS Federal Services

Case Number:	CM14-0007983		
Date Assigned:	02/07/2014	Date of Injury:	07/16/2012
Decision Date:	06/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 21-year-old male patient who sustained an industrial injury on 07/16/12 when he tripped on a forklift prongs and fell. His foot was stuck under the middle so he fell onto his knees. Previous treatment has included medications, physical therapy and nerve blocks. A previous utilization review performed on 01/10/14 non-certified a request for Prilosec 20 mg BID #60. On 01/16/14, the patient complained of pain in the low back, left knee and both ankles with radiation to the legs and associated tingling, numbness, and weakness in the legs and feet. Pain was rated at 9/10 on average. Physical examination revealed full range of motion to the cervical and lumbar spine. Motor strength was diminished at 4/5 to the left hip flexion and left knee extension, 3/4 great toe extension and 2/5 left ankle dorsiflexion and left ankle plantarflexion. Sensation was diminished at the left L3, L4 and L5 dermatomes of the lower extremities. Reflexes were 1+/4 in the bilateral upper and lower extremities. Diagnosis was sprain of ankle. Medications were refilled including Ultram, naproxen, as well as Menthoderm lotion topically. Prilosec 20 mg twice daily #60 was prescribed indicating the patient was at intermediate risk for gastrointestinal event and this medication is prescribed to decrease the risk of gastrointestinal upset and irritation.

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 NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS AND GASTROINTESTINAL SYMPTOMS Page(s): 68.

Decision rationale: The CA MTUS indicates "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." The medical records do not describe the patient having gastrointestinal issues or GERD and the patient is not at risk for GI bleed or ulcer. The patient is 21 years old, and it was not recommend he continue the use of NSAIDs long-term. Therapy with a proton pump inhibitor is not medically indicated in this case, and Prilosec 20mg #60 is not medically necessary.