

Case Number:	CM14-0102045		
Date Assigned:	07/30/2014	Date of Injury:	04/22/2005
Decision Date:	10/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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 Internal 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:

The injured worker is a 52 year old male who had a work related injury on 04/22/05 while lifting five gallons of paint. Most recent clinical documentation submitted for review was dated 05/20/14. The injured worker was there for follow up of persistent neck pain, thoracic spine pain, and low back pain. No change in his symptoms since last visit. The injured worker was walking in the park when he had a ground level fall, twisting his foot and ankle, had severe edema, bruising, and swelling, but nothing was fractured. He had not been able to exercise much recently. Medication continued to help with activities of daily living such as cooking, cleaning, laundry, and self hygiene. There were no adverse side effects. Refills of his medication today were due today was documented. Current medications are listed as Neurontin, Prilosec, Zolof, Ambien, albuterol, Singulair, Lisinopril, insulin pump, Plavix, amlodipine, and Colace. Physical examination there was some mild residual ecchymosis on the lateral medial aspect of his left ankle and medial malleolus. Diagnoses post laminectomy syndrome decompressive surgery at L4 to S1 in 2006, obstructive airway disease, asthma, per pulmonary function test, and depression and anxiety due to his chronic pain, status post mild cerebral vascular accident (CVA) on 02/20/11 and 05/11, positive CURES, getting medication from other doctors.. MRI from 11/08 showed no evidence of recurrent residual disc. Status post umbilical hernia repair in 2010 treated as nonindustrial. There was no documentation that the patient has a gastrointestinal (GI) problem or was at risk of developing one. Previous utilization review on 06/24/14 was noncertified. Current request was for Prilosec 20 milligrams quantity thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs)

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of nonsteroidal anti-inflammatory drug use. Risk factors for gastrointestinal (GI) events include age greater 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long term PPI use (greater than one year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.