

Case Number:	CM14-0108851		
Date Assigned:	08/01/2014	Date of Injury:	02/07/2005
Decision Date:	10/07/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 49 year old male who was injured on 02/07/2005 when he was rear-ended, causing a strain to the upper back and a whiplash. Prior medication history included Prozac, MS-Contin, Lidoderm, Flector patch, Neurontin, and Prilosec. On a note dated 05/15/2014, the patient presented for his increased pain in his neck radiating down to his left upper extremity. He received a cervical epidural steroid injection on 02/24/2014 which provided up to 70% relief which lasted 2 months. There are no documented GI complaints from the patient. On assessment, he is noted to have medication induced gastritis and was dispensed Prilosec by the doctor. A progress report dated 05/16/2014 states the patient presented for his a refill of his medications for which he was not receiving as carrier has not provided him with medications. He is noted to be extremely depressed and his psychiatric consult has been denied. His MRI scan of his cervical and lumbar spine was abnormal and patient is noted to be beyond surgical intervention. He has a diagnosis of lumbar spinal stenosis and cervical spinal stenosis. Prior utilization review dated 06/10/2014 states the request for Prilosec 20mg #60 is denied as there is no documented evidence to support the request.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Prilosec, a proton pump inhibitor, is recommended for patients at risk of gastrointestinal events and should be used at the lowest dose for the shortest possible amount of time. Based on the supporting documentation, the use of this medication has exceeded the recommendation of the guidelines. Therefore, this medication is not medically necessary.