MAXIMUS Federal Services

Case Number:	CM14-0018590		
Date Assigned:	04/18/2014	Date of Injury:	06/06/2009
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 41 year old female with an injury reported on 06/06/2009. There is no clinical documentation of mechanism of injury. The clinical note dated 01/16/2014 reported the injured worker complained of constant mid back pain rated a 7/10, described as aching, dull and sharp. The injured worker's current medication list included OxyContin 10mg, Norco 10/325, Ambien 10mg, Atarax 25mg, omeprazole, and Prozac 40 mg. The injured worker's diagnoses included Lumbar facet syndrome, fibromyalgia, and thoracalgia. The request for authorization was submitted on 02/10/2014 and the request is for Prilosec 20mg #90, retrospective date of service 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRILOSEC 20MG, #90 DOS: 1/16/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 68-69

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68

Decision rationale: The request is for Prilosec 20mg #90, retrospective date of service 01/16/2014 is not medically necessary. As per clinical note provided it was documented that the injured worker will be using a NSAID or other medication which the provider felt will place the injured worker at risk for developing a gastric issue without the use of the GI protective effects of a proton pump inhibitor. There is a lack of evidence per clinical documentation that the injured worker complained of experiencing gastric distress related to current medications. According to the CA MTUS guidelines recommend a patient at intermediate risk for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 Î¼g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). There is a lack of evidence of gastric distress or documentation showing the patient to be at intermediate risk for GI side effects per clinical notes; therefore, the request for Prilosec 20mg # 90, retrospective date of service 01/16/2014, is not medically necessary.