

Case Number:	CM14-0112078		
Date Assigned:	08/01/2014	Date of Injury:	07/23/2013
Decision Date:	12/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Interventional Spine 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 patient is a 44 year old male with an injury date of 07/23/13. Based on the 06/24/14 progress report provided by [REDACTED] the patient complains of low back pain rated 6/10 that radiates to his right leg. Physical examination lumbar spine revealed limited range of motion, especially on rotation and side bending. The patient's medications include Ultram, Naproxen and Prilosec. Prilosec is prescribed for gastrointestinal prophylaxis, as the patient is at intermediate risk for gastrointestinal events. Per progress report dated 01/30/14, Prilosec and Meloxicam are prescribed, and it is stated under Review of Systems, gastrointestinal, that patient is positive for frequent heartburn. The diagnosis dated 06/24/14 included knee sprain/strain and lumbar spine neuritis or radiculitis. [REDACTED] is requesting Prilosec 20mg twice a day #60. The utilization review determination being challenged is dated 07/10/14. The rationale is [REDACTED] is the requesting provider and he provided treatment reports from 01/30/14 - 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 67-68, 78-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Proton pump inhibitors (PPIs)

Decision rationale: Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age greater than 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 01/30/14, Prilosec and Meloxicam are prescribed, and it is stated under Review of Systems, Gastrointestinal section, that patient is "positive for frequent heartburn." However, the provider has not documented GI assessment to warrant a prophylactic use of a PPI. "Frequent heartburn" is an inadequate documentation to warrant use of PPI. The provider states in progress report dated 01/30/14 that "Prilosec is prescribed for gastrointestinal prophylaxis, as the patient is at intermediate risk for gastrointestinal events." He provides the same statement in progress report dated 06/24/14, without indicating how the patient is doing, and why he needs to continue when it's been at least 5 months since being prescribed. Given the lack of documentation of continued need for this medication, this request is not medically necessary.