

Case Number:	CM14-0116598		
Date Assigned:	08/04/2014	Date of Injury:	08/05/2011
Decision Date:	09/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/22/2014

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 38 year old male who suffered an industrial injury on August 05, 2011 resulting in a low back injury. He has a diagnosis of lumbar sprain and radicular symptoms. The injured worker was treated with medications, chiropractic treatments, physical therapy, and epidural steroid injections with limited relief. He has severe depression and moderate anxiety related to his chronic pain and underlying back disorder with the inability to work and provide for his children. Occasional suicidal ideation is noted. The injured worker has become socially withdrawn with a Global Assessment Functional (GAF) score of 54 and a very high Beck Depression Inventory score. He has mild to moderate exaggeration consistent with mild histrionic trait though there is no formal personality disorder. The injured worker has been unable to work. Most recently, he has had urological complaints. The injured worker has severe medication intolerance to his medication regimen and often suffers from severe nausea and gastrointestinal upset when he takes his medications. The request is for 20 milligrams of Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg Qty 30: 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 : Pg 22 of 127, Section on NSAID Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Gastroenterological Association Medical Position Statement on the Management of Gastroesophageal Reflux Disease. Published 2008, available online at www.gastro.org. See Question 4 under full text of guideline - empirical therapy failures should have further evaluation.

Decision rationale: TThe injured worker has severe gastrointestinal (GI) upset in response to his medication regimen. He has symptoms of nausea and discomfort in the abdomen, which has not improved despite management with omeprazole. However, the symptoms classically seen with gastroesophageal reflux are absent, such as sour brash, a sensation of food regurgitating, retrosternal burning etc. Prolonged proton pump inhibitor therapy is not recommended in the absence of a diagnosis and especially if it fails to control symptoms. Regarding the question of using proton pump inhibitors for prophylaxis against ulceration, applicable guidelines cited above manifestly indicate that only high risk individuals require such prophylaxis. High risk individuals include older persons, over the age of 65 years, and individuals with a history of peptic ulceration or those on dual non-steroidal anti-inflammatory drugs (NSAIDs) therapy (including low dose aspirin as one of the agents). Since the injured worker does not meet these criteria, the prescription of proton pump inhibitor for prophylactic purposes is not appropriate. Therefore, the request is not medically necessary.