

Case Number:	CM14-0135785		
Date Assigned:	08/29/2014	Date of Injury:	11/01/2002
Decision Date:	09/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 54 year old male with a date of injury on 11/1/2002. Diagnoses include fracture of lower end of femur, chronic muscle spasms, and insomnia. Patient has had multiple knee and ankle surgeries. Subjective complaints are of knee pain and left leg pain. Physical exam documented no abnormalities. GI review of systems was negative for abdominal pain or vomiting. Medications include Norco, Diazepam, Zolpidem, Prilosec, and promethazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 Capsule P O Daily Before A Meal Count #30 With 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 - Chronic Pain Treatment Guidelines 7/18/2009, Back Pain - Chronic low back pain; NSAIDs, GI symptoms & cardiovascular risk Page(s): 64, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, PPIs.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer,

GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDs. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not on chronic NSAID therapy, and there is not documentation of ongoing GI complaints or GI risk factors. Therefore, the request for Prilosec is not medically necessary.