

Case Number:	CM14-0155781		
Date Assigned:	09/25/2014	Date of Injury:	10/17/2001
Decision Date:	10/27/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/23/2014

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 & 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 75-year-old male with a date of injury of 10/17/2001. The listed diagnoses per [REDACTED] are lumbar disk degeneration, hip replacement with pain, left, impingement, shoulder and hiatal hernia due to medication use. According to progress report 04/12/2014, the patient presents with persistent back pain with some left hip pain. It was reported the patient was prescribed a 2-week trial of Nexium 40 mg by [REDACTED] in which the patient reported significant improvement in his GI symptoms. The patient's medication regimen includes Percocet, Nexium, Prilosec, Aciphex, Celebrex, glimepiride, metformin. This is a request for Prilosec 20 mg #60. Utilization review denied the request on 08/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

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

Decision rationale: This patient presents with persistent low back pain and left hip pain. The physician is requesting Prilosec 20 mg #60. The earliest progress report provided for my review is from 04/12/2014 which indicates the patient has significant GI improvement with Nexium. Utilization review discusses a progress report from 08/23/2014 which was not provided for my review. This report noted that the patient received "partial relief with over-the-counter Prilosec." The medical file includes progress reports from 07/25/2013 through 04/12/2014 which provide no discussion of Prilosec. Utilization review denied the request stating that Prilosec has been indicated to provide only partial relief and Nexium has been noted to provide GI improvement. It is unclear why both medications are prescribed concurrently. The MTUS Guidelines page 68 and 69 indicates that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the patient has taking long-term NSAID and has reported GI distress and continued gastrointestinal issues with possible ulcers since 2013. Given such, Prilosec 20 mg #60 is medically necessary.