

Case Number:	CM14-0157102		
Date Assigned:	09/29/2014	Date of Injury:	11/01/2002
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational 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:

Injured worker is a male with date of injury 11/1/2002. Per primary treating physician's progress report dated 9/8/2014, the injured worker complains of pain in his left knee and left ankle. He has been followed by his primary treating provider for the last 15 years as his family practitioner. His primary treating physician has stopped seeing workers' compensation cases, and therefore he has been forced to find a new primary treating physician. Since his injury he has had multiple knee and ankle surgeries and has been undergoing mainly medication management to handle his pain complaints. He has multiple problems, including the following which are relevant to this request: esophagitis, Gastroesophageal reflux disease, heartburn, nausea and vomiting. He has multiple medication allergies, which includes NSAIDs which have a peripheral reaction. Review of systems is positive for GI complaints of constipation and heartburn. Physical exam is normal except antalgic gait favoring left lower extremity. Diagnoses include 1) ankle fusion, chronic 2) fracture of lower end of femur, chronic 3) muscle spasms, chronic 4) insomnia due to medical condition, chronic 5) chronic pain due to trauma, chronic 6) COAT 7) pain in joint involving lower leg, chronic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker is using NSAIDs. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. The request for Prilosec 20mg #30 5 refills is not medically necessary.