

Case Number:	CM14-0169253		
Date Assigned:	10/17/2014	Date of Injury:	05/28/2011
Decision Date:	12/04/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/14/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, low back pain, knee pain, and diabetes reportedly associated with an industrial injury of May 28, 2011. In a Utilization Review Report dated December 6, 2014, the claims administrator denied a request for Prilosec. The note was three pages long, very difficult to follow, and compromised almost entirely of cited guidelines. The claims administrator stated that the applicant did have symptoms of dyspepsia but indicated that it was basing its denial on non-MTUS ODG Guidelines, which reportedly suggested that the applicant use an over-the-counter variant of Prilosec in lieu of the prescription variant. The applicant's attorney subsequently appealed. In an August 4, 2014 progress note, the applicant reported ongoing complaints of low back pain, neck pain, shoulder pain, and knee pain. The applicant was not currently working, it was acknowledged. It was stated that the applicant was using Prilosec to combat gastrointestinal issues, which had developed following prolonged NSAID usage. Prilosec and tramadol were renewed. A rather proscriptive 5-pound lifting limitation was endorsed, which was apparently not accommodated by the employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, 2 tablets by mouth twice daily, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

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

Decision rationale: Yes, the request for Prilosec, a proton pump inhibitor, is medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has apparently developed issues with reflux, heartburn, and dyspepsia, the treating has posited, which have reportedly been attenuated following introduction of Prilosec, a proton pump inhibitor. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.