

Case Number:	CM14-0169485		
Date Assigned:	10/17/2014	Date of Injury:	01/30/2013
Decision Date:	11/19/2014	UR Denial Date:	09/25/2014
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 Family Medicine and is licensed to practice in New York and New Jersey. 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 30 year-old male who was injured on 1/30/13. He was pushed into a trench wall when the other side collapsed. He was diagnosed with a, multiple pelvic fracture status post repair, lumbosacral spine L5-S1 and L4-5 disc bulges, and lumbar strain. He had an open reduction and internal fixation on 2/1/13 with a subsequent surgery to remove the hardware from his pelvis. He had postoperative physical therapy. He had an MRI in 11/2013 showing lumbar disc bulges. He complains of lower back pain. On exam he had tender lumbar paravertebral muscles with decreased range of motion, normal strength and reflexes of his lower extremities. His medications have included opioids and anti-inflammatories. When he does continue his medications, he gets exacerbations of his pain. The current request is for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs NSAIDs, GI symptoms

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. The patient was recommended Motrin in 2/2013 but there was no documentation of recent or continued PPI use. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.