

Case Number:	CM14-0185388		
Date Assigned:	11/13/2014	Date of Injury:	12/13/2004
Decision Date:	12/15/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/06/2014

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 Practice and is licensed to practice in Ohio. 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 51-year-old male with a date of injury of December 13, 2004. He injured his neck and back while raking leaves and lifting a trash can. Over the years, he has undergone steroid injections to the back and neck, has had physical therapy, and been treated with medication. He has been complaining of neck pain radiating to both upper extremities with numbness and tingling and low back pain radiating to the lower extremities with numbness and tingling. The physical exam reveals spasm and tenderness of the paracervical musculature with diminished cervical range of motion. There is discomfort to the lower lumbar spinous processes, diminished lumbar range of motion, and numbness to the lateral aspects of both lower extremities. The diagnoses include cervical brachial syndrome, chronic pain syndrome, lumbar sprain/strain, liver dysfunction, and high-frequency neurosensory hearing loss. The injured worker has been prescribed Motrin 800 mg since at least June 2014. No abdominal complaints are recorded and we are asked to consider a request for Prilosec 20 mg, number 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: When prescribing NSAID therapy, the clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. If the patient has one or more risk factors above then the clinician may prescribe a non-selective NSAID (like Ibuprofen) with either a PPI (Proton Pump Inhibitor, for example, 20 mg Prilosec daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this instance, the injured worker has been prescribed high-dose ibuprofen for the last 5 months and is therefore at intermediate risk for ulcer complications associated with NSAID use. Therefore, Prilosec 20mg #30 is medically necessary.