

Case Number:	CM14-0025679		
Date Assigned:	07/02/2014	Date of Injury:	12/31/1999
Decision Date:	10/08/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 and Rehabilitation and Pain 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 injured worker is a 57-year-old male who reported an injury on 12/31/1999. The mechanism of injury was not provided for clinical review. The diagnoses included chronic low back pain, T spine compression fracture with wedging and possible spinal stenosis, permanent and stationary, abnormal TM on evaluation. The previous treatments included medication. The diagnostic testing included an MRI. Within the clinical note dated 01/14/2014, it was reported the injured worker complained of lower back pain and leg pain. He rates his pain 6 to 7/10 in severity on a daily basis. He rates his pain at a 10 in severity without medication. The current medication regimen included Buprenorphine, Lyrica, Prilosec, Norco, and Soma. Upon the physical examination, the provider noted the injured worker's range of motion of the lumbar spine was restricted. The provider requested Prilosec. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #30 is not medically necessary. The California MTUS Guidelines state proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and nor cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDS. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist, or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication is evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker had dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.