

Case Number:	CM14-0038782		
Date Assigned:	06/27/2014	Date of Injury:	01/16/2006
Decision Date:	07/31/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 1/16/06 date of injury. At the time (3/10/14) of request for authorization for 1 Prescription of Prilosec 20mg #90, there is documentation of subjective (low back pain with stiffness and spasms; and right shoulder pain) and objective (decreased motor strength of the right shoulder abductors, decreased lumbar range of motion, tenderness to palpation over the lumbar facet capsules bilaterally with triggering and spasms, and lumbar pain with rotation and extension) findings, current diagnoses (chronic lumbar pain with mixed discogenic and facet mediated compromise; and right shoulder impingement syndrome), and treatment to date (ongoing therapy with Prilosec and Ibuprofen since at least 2/14/12). There is no documentation of a risk for gastrointestinal events (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines, May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar pain with mixed discogenic and facet mediated compromise; and right shoulder impingement syndrome. However, despite documentation of chronic NSAID therapy, there is no documentation of a risk for gastrointestinal events (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Prilosec 20mg #90 is not medically necessary.