

Case Number:	CM14-0045416		
Date Assigned:	07/02/2014	Date of Injury:	07/11/1998
Decision Date:	08/25/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 58 year-old female who has submitted a claim for lumbar post-laminectomy syndrome, cervical herniated nucleus pulposus, right hip internal derangement, and medication-induced gastritis associated with an industrial injury date of July 11, 1998. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck pain radiating down her right upper extremity, and low back pain radiating down both lower extremities. Physical examination of the cervical spine revealed tenderness along the posterior cervical musculature and decreased range of motion. Examination of the lumbar spine revealed tenderness along the posterior lumbar musculature bilaterally with increased muscle rigidity. Straight leg raise test was positive bilaterally. There was decreased sensation in the posterolateral thigh and lateral calf on the right with the use of Wartenberg's pinprick wheel. Examination of the bilateral knees revealed significant tenderness along the medial and lateral joint lines. There was soft tissue swelling noted in both knees, left greater than right. Examination of the right hip revealed point tenderness along the greater trochanteric region. There was decreased range of motion with internal rotation in comparison to the left hip. Cervical spine MRI dated 10/19/13 revealed C5-6 4.5mm disc protrusion with dehiscence of the nucleus pulposus. Lumbar spine MRI dated 5/3/12 revealed intermetallic fixation hardware at L5-S1 and a 2mm disc protrusion at L4-5 with bilateral neural foraminal narrowing. Treatment to date has included L5-S1 laminectomy/discectomy (1999), L5-S1 disc arthroplasty (3/21/05), spinal cord stimulator placement, physical therapy, acupuncture, trigger point injections, and medications, which include Oxycodone 30mg, Valium 10mg, Norco 30mg, Paxil 40mg, Premarin 0.45mg, Dilaudid, Anaprox, and Prilosec 20mg. Utilization review from March 26, 2014 denied the request for Prilosec 20mg #60 for gastric symptoms related to lower back injury because ongoing treatment

with Prilosec at 20mg would be medically necessary but consideration should be given to substituting this product with any of several readily available over the counter preparations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician Desk Reference, www.Rxlist.com, Official Disability Guidelines, Workers Compensation Drug formulary (www.odg-twc.com/odgtwc/formulary.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA (aspirin, pain relievers, fever reducers, anti-inflammatories), corticosteroids, or anticoagulants; or high dose/multiple NSAIDs. In this case, the patient has been on Prilosec (Omeprazole) since December 2012. It was prescribed for the patient's chronic gastritis. Review of records revealed that the patient complains of gastrointestinal distress. Furthermore, recent progress reports mention persistent epigastric discomfort as well as other GI symptoms, which necessitate proton pump inhibitor use. Therefore, the request for Prilosec 20mg #60 is medically necessary.