

Case Number:	CM14-0053589		
Date Assigned:	07/07/2014	Date of Injury:	05/24/2011
Decision Date:	10/23/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 worker was injured on May 24, 2011 when he fell off a ladder injuring his left elbow, wrists and hands, and right groin. The records document symptoms that include headaches, sore teeth, TMJ-related symptoms of clicking noises in the bilateral TMJs and pain, dry mouth, speech difficulties with hoarseness from "cotton mouth", bite feels off. The records provide diagnoses that include chest pain, sleep disorder, abdominal pain, acid reflux, secondary to NSAIDs, rule out ulcer/anatomical alteration, weight gain, cephalgia, orthopedic diagnoses, psychiatric diagnosis. Medication utilization is documented to have included Prilosec, 20 mg daily, ranitidine 150 mg daily, Amitiza, 24 mcg twice daily, Gabapentin, tramadol, Tylenol #3, Wellbutrin, Sentra, Gaviscon, Protonix, ketoprofen 50 mg b.i.d. for 30 days (prescribed on 11/5/2013), Pantoprazole, meloxicam 7.5 mg (prescribed 11/1/13), Zolpidem. There is documentation that tramadol was discontinued because of gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 OF 3 PRILOSEC 20MG DLY #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS states that omeprazole (Prilosec) is used for patients at intermediate risk for gastrointestinal events and no cardiovascular disease during NSAID use and that long-term omeprazole use (> 1 year) has been shown to increase the risk of hip fracture. Omeprazole is used for treatment of dyspepsia secondary to NSAID therapy and to treat symptomatic Gastroesophageal Reflux Disease (GERD). The most recent medical records do not reflect that the worker is consuming an NSAID medication. The most recent medical records provide a current diagnosis of "acid reflux secondary to NSAIDs". The request for Prilosec is not medically necessary or appropriate because there is no documented current use of NSAIDs (i.e. no dyspepsia secondary to NSAID therapy) and there is no established current diagnosis of symptomatic gastroesophageal reflux disease.