

Case Number:	CM14-0053667		
Date Assigned:	07/07/2014	Date of Injury:	05/05/2004
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal 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:

Patient is an injured worker with diagnoses of lumbar sprain/strain, lumbar spondylosis at L3-L4 and L4-L5, history of lumbar laminectomy and fusion at L3-L4, history of L2-L3 lumbar fusion performed in 2008, history of subsequent L1-L2 posterior lumbar fusion performed in 2012, low back pain, right anterior groin crease pain, and right hip osteoarthritis. Date of injury was 05-05-2004. A 1/20/14 report indicates a most recent surgery in 2012 was helpful. It indicates the patient has current pain levels of 9/10 and that her average pain was 10/10 and the impact on her life was 10/10. Her current medications include Naprosyn, Hydrocodone/Acetaminophen 10-325, which the patient estimates she takes 6 a day, Lexapro, Tizanidine, Bupropion, Omeprazole, Cyclobenzaprine and Lyrica. A 11/26/13, report documented medical regimen of Norco 10 mg no more than 4 on average per day, Naprosyn with Prilosec for gastric prophylaxis, Lyrica, Flexeril and Tizanidine. A 1/9/14 report indicates that symptoms are worsening. He indicates that the symptoms have gradually been worsening over the last 3 days and has been a severe worsening of her symptoms. The patient was given a prednisone dosepak. A 2/6/14 report of indicates back pain, right hip and right knee pain. A 3/26/14 request for authorization of Norco 10/325, Naprosyn 500 mg, Prilosec 20 mg, Lyrica 100 mg, Flexeril 10 mg and Tizanidine 4 mg. Progress note 11-26-2013 documented Naprosyn 500 mg twice a day and Prilosec for gastric prophylaxis. Request for authorization dated 03-26-2014 documented Naprosyn 500 mg and Prilosec 20 mg. Utilization review decision date was 04-03-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 x 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory medications).

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document long-term use of prescription strength Naprosyn 500 mg twice a day, which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Prilosec in patients with gastrointestinal risk factors. Medical records support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec 20mg #30 x 3 is medically necessary.