

Case Number:	CM14-0056001		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2009
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/25/2014

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 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:

This case involves a 44-year-old patient, who sustained an injury on 4/1/09, while employed by [REDACTED]. The request(s) under consideration include Prilosec 20mg #30. The diagnoses include cervical spine strain; history of 3rd-6th rib fractures with residual right-sided chest pain; thoracic spine strain; L4-5 lumbar disc herniation; traumatic stress disorder; and post concussive syndrome. Per the agreed medical exam (AME) report of 7/12/13, the patient also has a non-industrial history of atrial fibrillation and hypertension. The medication report dated 12/8/13, noted decreasing Celebrex to 200 mg a day with subsequent discontinuation to over-the-counter non-steroidal anti-inflammatory drug (NSAID) and Tylenol ES. The report of 2/26/14 from the provider, noted that the patient had complaints of headaches increasing as the Botox effects were wearing off with report radicular pain. His mood remained stable with Wellbutrin, Lyrica, and Adderall. An exam showed tenderness. Celebrex was prescribed for pain and Prilosec for gastrointestinal (GI) symptoms due to the NSAID. The report dated 4/1/14 from the provider, noted the diagnoses of non-displaced rib fractures, mild concussion syndrome, cervical strain and chronic pain, myofascial tension in the thoracic region, migraine headaches, sleep dysfunction, GI symptoms due to medications, deconditioning, depression, post-traumatic stress disorder stable, and erectile dysfunction due to chronic pain not accepted as industrial injury. The objective exam was not recorded. The request(s) for Prilosec 20mg #30 was modified for one (1) month on 4/14/14, as the patient is transitioning to an over-the-counter (OTC) NSAID, citing the guideline criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation AstraZeneca Pharmaceuticals (June, 2004), Prilosec (omeprazole); Official Disability Guidelines: Pain Chapter, Proton Pump Inhibitors (PPIs).

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

Decision rationale: Prilosec (Omeprazole) is a medication for the treatment of the problems associated with erosive esophagitis from gastroesophageal reflux disease (GERD), or in patients with hypersecretion diseases. The Chronic Pain Treatment Guidelines indicate that the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior gastrointestinal (GI) bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. The submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any specific symptoms, or GI diagnosis to warrant this medication when there was plan to discontinue Celebrex. The request for Prilosec 20mg #30 is not medically necessary and appropriate.