

Case Number:	CM14-0087405		
Date Assigned:	07/23/2014	Date of Injury:	09/28/2011
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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 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:

The patient is a 55 year old male who was injured on 09/20/2011 while he was stepping out of his work vehicle and he missed the platform and fell backwards about 2 feet landing on his right foot, his back and hit his head on the ground. In reviewing the medical record, Prilosec is requested on note dated 04/17/2014 without a diagnosis of GI disturbances. There are no subjective GI complaints from the patient that would indicate this medication as necessary nor GI risks are documented. The medications listed for this patient are Naproxen 550 mg, Prilosec 20 mg, Gabapentin 300 mg, Tramadol 150 mg, Ambien 10 mg, Meclizine 25 mg; Flurbiprofen 20%; Tramadol 20% 240 gm; Gabapentin 10%; and amitriptyline 10% 240 gms. Prior utilization review dated 05/19/2014 states the request for Prilosec 20mg is denied as there is a lack of evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a request for Prilosec for a 55-year-old male with chronic neck and back pain, among other disorders, prescribed NSAIDs on a chronic basis. However, medical records do not establish moderate to high risk of gastrointestinal events due to NSAID use. There is no mention of GERD or gastritis. Further, long-term, scheduled NSAID treatment does not appear to be warranted given lack of documented significant functional improvement or pain reduction. Medical necessity for Prilosec is not established.