

Case Number:	CM14-0091275		
Date Assigned:	07/23/2014	Date of Injury:	10/22/2001
Decision Date:	08/28/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 43-year-old male with the reported date of injury on 10/22/2001. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post C5-6 and C6-7 anterior cervical discectomy and fusion, right upper extremity radiculopathy, lumbar myoligamentous injury, bilateral lower extremity radiculopathy, right shoulder impingement syndrome, status post arthroscopic surgery, and medication-induced gastritis. His previous treatments were noted to include physical therapy and medications. His medications were noted to include Norco 10/325 mg, 4 to 6 tablets a day; Anaprox DS 550 mg twice a day; Prilosec 20 mg twice a day; Fexmid 7.5 mg twice a day; Colace 100 mg twice a day; Dilantin 100 mg, 2 tablets 3 times a day; Neurontin 400 mg 3 times a day; Mirapex 0.25 mg twice a day; Topamax 50 mg, 1 to 2 twice a day; Flomax 0.4 mg, 1 daily; Amitiza 24 mg at bedtime; Effexor XR 150 mg twice a day; Prilosec 40 mg, 1 to 1.5 daily; Ambien 10 mg at bedtime; Haldol 2 mg daily; and Dendracin topical analgesic cream. The progress note dated 04/22/2014 revealed the injured worker had been able to manage his pain on his oral analgesic medications, and was having gastrointestinal discomfort and gastritis symptoms. The physical examination revealed the injured worker had significant difficulty with balance and weakness. The injured worker forward flexed and brought his chin to 2 finger-widths from the sternum and extended about 20 degrees. The injured worker had severe tenderness to palpation at the suboccipital region. The left upper extremity was noted to have adequate range of motion and strength. The examination of the lumbar spine does show pain to palpation throughout the lumbar musculature. The request for authorization form was not submitted within the medical records. The request was for Prilosec 20 mg #60 due to medication-induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec, 20 mg #60: 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 and cardiovascular risk.

Decision rationale: The injured worker has been utilizing this medication due to medication-induced gastritis. The California Chronic Pain Medical Treatment Guidelines recommend for the physician to determine if the patient is at risk for gastrointestinal events, such as age greater than 65 years old; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high-dose, multiple NSAIDs. The injured worker is diagnosed with medication-induced gastritis and is concurrently utilizing NSAIDs. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, Prilosec, 20 mg #60 is not medically necessary.