MAXIMUS Federal Services

Case Number:	CM13-0020645		
Date Assigned:	10/11/2013	Date of Injury:	06/22/1999
Decision Date:	04/10/2015	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 68-year-old male with an industrial injury dated 06/22/1999 resulting from a motor vehicle accident. His diagnoses include post-laminectomy syndrome of the lumbar region and lumbar spine discopathy. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, and 8 lumbar surgeries. In a progress note dated 08/12/2013, the treating physician reports continued and persistent low back pain with occasional radiating symptoms, and left knee pain. The objective examination revealed tenderness and spasms to the lumbar spine with decreased range of motion, antalgic gait, and left knee joint tenderness with decreased range of motion. The treating physician is requesting Prilosec, which was denied by the utilization review. On 08/20/2013, Utilization Review non-certified/modified a prescription for Prilosec, noting the medication is recommended for patients with increased gastrointestinal risk, and active gastrointestinal symptoms. The MTUS guidelines were cited. On 08/30/2013, the injured worker submitted an application for IMR for review of Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 68.

Decision rationale: This 68 yo patient was involved in an MVA in 1999 resulting in injury to his neck, lumbar spine, knee and shoulder. He underwent a total of eight surgical procedures to his lumbar spine which afforded him no relief of his low back symptoms. His last available examination in 2013 revealed a decrease range of motion of his lumbar spine and positive straight leg raising. He was diagnosed with post laminectomy syndrome, degenerative joint disease in the left knee and cervical myofascial strain/sprain. He was prescribed Vicodin, Naprosyn and Prilosec. There is no history of GI side effects from his NSAID prescriptions and no history of the patient being at risk from GI side effects. Further, there is no history of peptic ulcer disease, GI bleeding or perforation. The lack of GI risk factors or GI disease does not support the medical necessity of the Prilosec prescription. The California MTUS guidelines cited above state that the clinician should weigh the risk for NSAIDs against both GI and cardiovascular risk factors. This patient has no GI risks, to include no history of PUD, GI bleeding or perforation. There is also no history of concurrent use of aspirin, steroids and/or anticoagulants. Further, there is no evidence of high dose or multiple NSAIDs, which could place the patient at increased risk of GI complications. From a cardiovascular standpoint, only patients with recent MI or coronary artery surgery should be treated with an NSAID plus aspiring plus a PPI such as Prilosec. The patients' cardiovascular events are not recent, having occurred many years in the past.