

Case Number:	CM14-0168335		
Date Assigned:	10/23/2014	Date of Injury:	11/21/2005
Decision Date:	01/28/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Pain 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 injured worker is a 41 year-old male with a date of injury of November 21, 2005. The patient's industrially related diagnoses include chronic pain syndrome, lumbar radiculopathy, lumbar post laminectomy syndrome, cervical radiculopathy, myofascial dysfunction, disuse syndrome, gastropathy secondary to anti-inflammatory meds, and moderate obesity. The disputed issue is Prilosec 20mg #60. A utilization review determination on 9/16/2014 had non-certified this request. The stated rationale for the denial was "The patient complains of chronic GI upset and has been prescribed the PPI Nexium by his PTP for at least the last year. [The requesting provider] began prescribing the patient the PPI omeprazole on 7/9/2014. According to the cited guidelines, if a PPI is used, omeprazole OTC tablets are recommended over Nexium for equivalent clinical efficacy with significant cost savings; however, this request for omeprazole cannot be authorized if another PPI is already being prescribed to the patient by another doctor. This use would be not only duplicative, but would also subject the patient to an increased, unnecessary level of combined PPI usage side effects. Omeprazole would be reasonable if Nexium is confirmed as being discontinued. Therefore, my recommendation is to NON-CERTIFY the request for Prilosec 20mg bid #60. Should additional information become available that may have a bearing on this decision, this request can be resubmitted for further consideration."

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg#60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Prilosec 20mg (Omeprazole) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." For patients at intermediate risk for gastrointestinal events, the guidelines recommend a non-selective NSAID with either a PPI or misoprostol or a Cox-2 selective agent. In the submitted medical records available for review, there was documentation that the injured worker had chronic GI upset and was diagnosed by his internal medicine physician (PCP) with gastropathy secondary to anti-inflammatory medication use. The records indicate that the injured worker was prescribed Voltaren 75mg BID, an NSAID, by his pain management physician. In the progress reports provided by the PCP, there was documentation that the injured worker was prescribed Nexium (a PPI) for the GI symptoms since at least 4/8/2014. On 7/9/2014, the requesting physician started prescribing Prilosec for the same condition; however, there was no rationale provided as to why a second PPI was warranted. While Prilosec is recommended, the guidelines do not recommend the use of two PPIs concomitantly for patients at risk for gastrointestinal events. Since the injured worker was prescribed Nexium at the time of the request without evidence that the medication was ineffective or discontinued, there is no support for the addition of Prilosec at this time. In light of such documentation, the currently requested Prilosec 20mg #60 is not medically necessary at this time.