

Case Number:	CM14-0173131		
Date Assigned:	10/23/2014	Date of Injury:	07/21/2013
Decision Date:	01/23/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 Rehab, 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 43-year-old male with an original injury on 7/23/2013. The worker was employed as a truck driver and is currently on temporary total disability as reported in a progress note in September 2014. The patient has industrial injuries to the left elbow, left triceps, bilateral carpal tunnel syndrome, and has previously undergone a repair of the triceps in August 2013. The patient is treated with topical NSAIDs, topical cyclobenzaprine and is noted to take blood pressure medications. The disputed issue is a request for Prilosec, a proton pump inhibitor. There is documentation of a request for Prilosec numbers 60 tablets for "GI distress" on 10/15/2014. A utilization review determination on 9/29/14 had denied this request citing a lack of documentation of GI risk factors to warrant Prilosec.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the 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)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. The requesting provider only documents that there is GI distress but there is no work-up of this distress to indicate whether it is related to ulcer, GERD, or some other pathology that would warrant a Proton Pump Inhibitors (PPI's). Given this, this request is not medically necessary.