

Case Number:	CM14-0193437		
Date Assigned:	12/01/2014	Date of Injury:	10/15/1999
Decision Date:	01/23/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 56-year-old male presenting with a work-related injury on October 15, 1999. The patient is status post L4-L5 and L5-S1 posterior lumbar interbody fusion in 2005, anterior cervical discectomy and fusion (ACDF) C3-C4, C4-C5, C5-C6, and C6-C7 in 2004, spinal cord stimulation implantation in the lumbar spine on July 2007 and cervical spinal cord stimulator on October 25, 2010. The patient's medications include Oxycodone 30 mg 1 to 2 times daily, Norco 10/325mg, Fexmid 7.5 mg twice daily, Prilosec 20 mg twice daily, Lyrica 75 mg three times per day, Viagra, Anaprox 550 mg twice daily and interest in. On August 12, 2013 the patient's urine drug screen was positive for opiates only. The patient reported that he ran out of medications. The physical exam on July 1, 2014 was significant for decreased range of motion in the cervical and lumbar spine as well as tenderness. The patient continued to report the back pain with radiation into both lower extremities rated at 6/10 and neck pain associated with cervicogenic headaches. A claim was made for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: Prilosec 20mg # 60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state that long term use of proton pump inhibitors (PPIs), Misoprostol, or Cox-2 selective agents has been shown to increase the risk of hip fractures. The California MTUS does state that NSAIDs are not recommended for long term use. If there are possible GI effects, another line of agent should be used, for example Acetaminophen. Therefore, the requested medication is not medically necessary.