

Case Number:	CM14-0200187		
Date Assigned:	12/10/2014	Date of Injury:	12/22/2012
Decision Date:	01/26/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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:

This is a 47 year old female claimant sustained a cumulative work injury on 12/22/12 involving the neck, shoulders, back, knees, and feet. She was diagnosed with bilateral plantar fasciitis, bilateral knee strain, chronic myalgia, bilateral shoulder strain, cervical facet syndrome, cervical degenerative disc disease, and wrist strain and lumbar radiculopathy. She had undergone physical therapy. She had been on opioids for pain along with Prilosec for G.I. protection since at least April 2014. A progress note on September 10, 2014 indicated the claimant had persistent low back pain. There was no mention of gastrointestinal disease or complaints. Exam findings were notable for lumbar spasms and reduced range of motion. A request was made for an epidural injection. The claimant remained on Prilosec and a subsequent request was made for continuation in November 2014.

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 Official Disability Guidelines- NSAIDs, GI symptoms and cardiovascular risk

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not recommended. Therefore, the request for Prilosec is not medically necessary.