MAXIMUS Federal Services

Case Number:	CM14-0201547		
Date Assigned:	12/11/2014	Date of Injury:	10/25/2012
Decision Date:	01/28/2015	UR Denial Date:	10/28/2014
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 Internal 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:

This is a 50 year old female that was injured on 10/25/12 while working as a down stocking supervisor. While scanning prices overhead, the display of a doublewide door fell on her right side striking her head. She was pushed down and concussed. The injured worker sustained a previous work comp injury in 2010 while working at the same place in which she injured her left ear and underwent surgical repair to fix cartilage. Her current diagnoses include thoracic spine myoligmentous injury, rule out herniated nucleus pulpous, cervical spine myoligmentous injury, post concussive syndrome, lumbar spine myoligmentous injury, secondary sleep depression, secondary stress, anxiety, depression, abnormal weight gain and gastritis secondary to medications. Current treatments consist of physical therapy, MRI's and medications. The injured worker is current taking Norco for pain and Prilosec for gastritis. According to the most recent progress note submitted the injured complained of headaches and high blood pressure as a result of the pain from her injury. The treating physician also noted gastritis induced by medication taken for pain due to injury. As this time the treating physician is requesting retro Prilosec 20mg, twice a day # 60 DOS 10/13/14. This request was denied at UR on 10/28/14 by the reviewing physician.The request for Prilosec 20mg, twice a day # 60 DOS 10/13/14 was denied by the reviewing physician using ODG, Head, Pain and Proton pump Inhibitors. The treating physician denied this request because there was no documentation in the medical record submitted to support any GI disturbances or issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20mg twice daily # 60, DOS 10/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs and GI Effects

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the retrospective request Prilosec 20 mg twice daily #60 for date of service October 13, 2014 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer disease, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose or multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker is a 50-year-old with a date of injury October 25, 2012. A progress note dated June 19, 2013 states the injured worker has a history of medication induced gastritis. There are no medications listed in the record. There are no details as to what medication caused the reported gastritis. There is no documentation of the history of G.I. symptoms and there is no documentation what medications were taken subsequently. Consequently, absent the appropriate clinical indications or clinical rationale in the absence of non-steroidal anti-inflammatory use, the retrospective request Prilosec 20 mg twice daily #60 for date of service October 13, 2014 is not medically necessary.