

Case Number:	CM14-0072946		
Date Assigned:	07/16/2014	Date of Injury:	01/15/2009
Decision Date:	12/03/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on 01-15-2009. According to a progress report dated 04-16-2014, the injured worker was seen in follow up for his neck pain. Pain was rated 10 on a scale of 1-10 without pain medications and 8-9 with medications. Medications, injections, physical therapy and laying down helped reduce his pain. The provider noted that medications included Norco for severe pain, Lunesta for difficulty sleeping, Ibuprofen for inflammation, MS Contin for chronic pain and Colace for constipation. He requested Omeprazole to help with gastrointestinal upset from Ibuprofen, Norco and MS Contin. Review of systems was positive for insomnia, headaches, nausea, chills, stomach upset, constipation, sleepiness and depression. Current medications-prescriptions included Morphine, Norco, Prilosec, Colace, Motrin, topical analgesics, Lunesta, Nasonex, Phenergan and Ultram. The treatment plan included Prilosec, Morphine, Motrin, and Norco. The injured worker was currently not working. An authorization request dated 04-24-2014 was submitted for review. The requested services included Prilosec 20 mg #60, Morphine 30 mg #12, Motrin 800 mg #90 and Norco 10-325 mg #180. Currently under review is the request for Prilosec 20 mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 116.

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, the claimant was on NSAIDs for over a year with multiple opioids. There is no indication for multiple analgesics. The continued use of NSAIDs as above is not medically necessary. The claimant was on Prilosec for over a year and it is intended for short-term use. Therefore, the continued use of Prilosec is not medically necessary.