

Case Number:	CM14-0099899		
Date Assigned:	07/28/2014	Date of Injury:	09/26/2011
Decision Date:	02/12/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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:

The injured worker (IW) is a 57-year-old man with a date of injury of September 26, 2011. The mechanism of injury is not documented in the medical record. The medical records submitted for review is 15 pages in its entirety. The Prilosec request was made May 30 of 2014. The sole clinical note in the medical record is dated January 5, 2015. Medications are not listed on the progress report. There is no documentation with any clinical indications or clinical rationale indicating why Prilosec 20mg is indicated. The progress note dated January 15, 2015 contains diagnoses of status post cervical fusion; cervical sprain/strain; right ulnar nerve entrapment; right forearm muscle spasm; rule out right carpal tunnel syndrome; and rule out left carpal tunnel syndrome. There is no documentation of any risk factors or comorbid condition putting the injured worker at risk for any type of G.I. event. The current request is for Prilosec 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GI Symptoms & Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal 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, G.I. bleeding; concurrent use of aspirin or steroids; or high-dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the medical record is 15 pages in its entirety. The Prilosec request was made May 30 of 2014. The sole progress note is dated January 5, 2015. There is no documentation with any clinical indications or clinical rationale indicating why prilosec is necessary. Progress note dated January 15, 2015 contains diagnoses status post cervical fusion; cervical sprain/strain; right on their nerve entrapment; right forearm muscle spasm; roulette right carpal tunnel syndrome; and rule out left carpal tunnel syndrome. There is no documentation of any risk factors or comorbid conditions putting the injured worker at risk for any type of G.I. event. Consequently, absent clinical documentation to support the use of Prilosec, the request for Prilosec 20 mg is not medically necessary.