

Case Number:	CM15-0007045		
Date Assigned:	01/26/2015	Date of Injury:	10/20/2011
Decision Date:	03/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 10/20/2011. The diagnoses have included internal disc disruption at L5-S1. No treatments or prior diagnostic studies noted in received medical records. In a progress note dated 05/24/2014, the injured worker presented with complaints of continued severe pain on a daily basis. The treating physician reported that the injured worker has failed conservative care and is a surgical candidate. Utilization Review determination on 12/05/2014 non-certified the request for Prilosec 20mg #90 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient is status post lumbar fusion from September of 2014 and presents with residual low back pain. The current request is for PRILOSEC 20MG #90. Progress report dated 10/3/14 states that the patient is taking Norco intermittently. The treating physician recommended Extra Strength Tylenol in which the patient stated that he "does not want to take the Norco and does not want an anti-inflammatory medication." Flexeril and Prilosec was dispensed. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also Determine if the patient is at risk for gastrointestinal events: 1. age > 65 years; 2. history of peptic ulcer, GI bleeding or perforation; 3. concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4. high dose/multiple NSAID. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The patient is not reported to be at risk for GI events that would allow for use of Prilosec on a prophylactic basis, and there are no reports that show the patient is taking NSAIDs or has dyspepsia, GERD, heartburn or ulcer that would require Prilosec as a treatment. This request IS NOT medically necessary.