MAXIMUS Federal Services

Case Number:	CM15-0132394		
Date Assigned:	07/20/2015	Date of Injury:	09/15/2014
Decision Date:	08/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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, Hawaii
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 year old male, who sustained an industrial injury on September 15, 2014, incurring lower back injuries. He was diagnosed with a lumbar sprain, lumbar disc herniation, lumbar stenosis and annular tear. Treatment included anti-inflammatory drugs, proton pump inhibitor, physical therapy, chiropractic sessions and work restrictions. Currently, the injured worker complained of ongoing low back pain with radiation to the bilateral lower extremities with numbness in both thighs. He complained of increased pain with prolonged sitting, standing and walking. The injured worker noted increased neck pain and difficulty sleeping due to the chronic discomfort. The injured worker continued with anti-inflammatory drugs for chronic pain. The treatment plan that was requested for authorization included a prescription for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, quantity: 30 with 1 refill: Overturned

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

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

Decision rationale: The attending physician report indicates the patient has ongoing low back pain with radiation into the lower extremities. The attending physician has recommended Ibuprofen for pain control and Prilosec. The MTUS Guidelines state omeprazole (Prilosec) is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, there is documentation of dyspepsia secondary to NSAID therapy. The PTP documents that the IW complains of heartburn. He also state that the IW has tried Ibuprofen and Relafen. The request for Prilosec is medically necessary.