

Case Number:	CM15-0132687		
Date Assigned:	07/20/2015	Date of Injury:	09/26/2003
Decision Date:	08/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina
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 70-year-old male, who sustained an industrial injury on September 26, 2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc herniation and rotator cuff tear. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the right shoulder, electromyogram with nerve conduction study, status post epidural, status post right shoulder arthroscopy, and status post arthroscopic repair of the right rotator cuff with acromioplasty. In a progress note dated June 15, 2015 the treating physician reports complaints of aching, burning, sharp, throbbing, spasm, pressure, pinching, numbing, pins and needle pain and stiffness to the low back with the pain radiating to the right leg. The treating physician also noted aching, tingling, and numbing pain to the right shoulder. Examination reveals tenderness to the right shoulder, decreased range of motion with pain to the right shoulder, tenderness to the lumbosacral spine, radicular symptoms to the lumbar spine, tenderness to the popliteal fossa, pain with Valsalva testing to the lumbosacral spine, pain on palpation from lumbar three to the sacral one facet capsules bilaterally, pain with range of motion to the lumbar spine, and myofascial pain with triggering. The injured worker's medication regimen included Cymbalta, Gralise ER, Percocet, and Prilosec. The injured worker's pain level was rated a 6 to 7 on a scale of 1 to 10 to the back and a 7 on a scale of 1 to 10 to the right shoulder, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate any gastrointestinal symptoms. The treating physician requested Prilosec 20mg, #30 with 3 refills noting this to be a medication part of the injured worker's current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.