

Case Number:	CM15-0137045		
Date Assigned:	07/27/2015	Date of Injury:	01/02/1997
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, 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 51-year-old male who sustained an industrial injury on 01/02/1997 resulting in injury to the low back after lifting a heavy object. Treatment provided to date has included physical therapy which was noted to have been not helpful; lumbar epidural steroid injection (2014); medications; and conservative therapies/care. Diagnostic tests performed include MRI of the lumbar spine (2014) showing degenerative disc and joint disease, multilevel disc protrusions, and multilevel mild spinal stenosis resulting in some impingement on the L4-L5 nerve root. There were no noted comorbidities or other dates of injury noted. On 06/24/2015, physician progress report noted complaints of pain. The pain was rated 5/10 in severity. No description of the pain was noted, and no other complaints were reported. Current medications include Vicodin, Prilosec, Ibuprofen and Docusate. The physical exam was noted to be unchanged with a mild antalgic slow and deliberate gait. The provider noted diagnoses of chronic low back pain. Plan of care includes Vicodin 5-300mg by mouth every 6 hours as needed for pain #120, and Prilosec 40mg daily. The injured worker's work status was not specified on this report. The request for authorization and IMR (independent medical review) includes Prilosec 40mg #30. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; page 68-69 Page(s): 67-73.

Decision rationale: Request: Prilosec 40mg, #30 Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events". "Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records if the patient has GI symptoms with the use of NSAIDs. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Prilosec 40mg, #30 is not medically necessary in this patient.