MAXIMUS Federal Services

Case Number:	CM15-0140387		
Date Assigned:	07/30/2015	Date of Injury:	12/30/2012
Decision Date:	09/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 30, 2012. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for Prilosec. The claims administrator referenced a June 15, 2015 progress note in its determination. On said June 15, 2015 progress note, the applicant was placed off of work, on total temporary disability, owing to moderate-to-severe neck and low back pain complaints. Ancillary complaints of shoulder pain were reported. Prilosec, ibuprofen, and topical compounded cream were endorsed. The applicant had received a functional capacity evaluation, it was reported, the results of which were unknown. There was, however, no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. An earlier handwritten note of May 28, 2014 was also notable for commentary that the applicant would remain off of work, on total temporary disability, for an additional six weeks owing to multifocal complaints of neck, low back, and shoulder pain. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. The applicant was asked to continue unspecified pain medications.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on progress notes of June 15, 2015 or May 28, 2014. Therefore, the request was not medically necessary.