

Case Number:	CM15-0141474		
Date Assigned:	08/27/2015	Date of Injury:	04/19/2015
Decision Date:	09/29/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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:

This is a 51 year old male patient, who sustained an industrial injury on 4-19-15. The diagnoses include thoracic spine degenerative disc with back pain and lumbar spine spondylosis with back pain and facet syndrome. Per the doctor's note dated 6/19/2015, he had complains of low back pain, middle back pain, and left leg pain. The physical examination revealed antalgic gait on the left side, midline and paraspinal tenderness over the thoracic and lumbar spine, decreased range of motion of the lumbosacral spine and tenderness over the facet joints at L4-5 and L5-S1. The medications list includes Tramadol, Anaprox and Prilosec. He has had lumbar spine MRI on 6/08/2015, which revealed annular fissure in the posterior aspect of the disk at L4-5 level; thoracic spine MRI dated 6/12/2015 which revealed an old compression fracture of the body of T8. Other therapy done for this injury was not specified in the records provided. The treating physician requested authorization for Prilosec 20mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 60 with 3 refills, 1 by mouth 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton pump inhibitors.

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

Decision rationale: Prilosec 20 mg Qty 60 with 3 refills, 1 by mouth 2 times daily. Prilosec contains Omeprazole, which is a proton pump inhibitor. Per the cited guidelines, regarding use of proton pump inhibitors with NSAIDs, the cited 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 an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20 mg Qty 60 with 3 refills, 1 by mouth 2 times daily is not established for this patient. The request is not medically necessary.