

Case Number:	CM15-0180069		
Date Assigned:	09/21/2015	Date of Injury:	01/25/1995
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male with a date of injury of January 25, 1995. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, cervical radiculopathy, and right shoulder rotator cuff tear. Medical records dated July 2, 2015 indicate that the injured worker complains of right shoulder pain rated at a level of 6 out of 10. Records also indicate that medications are helpful in allowing continuation of activities of daily living. A progress note dated August 11, 2015 notes subjective complaints similar to those documented on July 2, 2015. Per the treating physician (August 11, 2015), the employee was retired due to industrial permanent injury. The physical exam dated July 2, 2015 reveals bilateral tenderness and spasms of the cervical and trapezius muscles, bilateral tenderness and spasms of the L3-5 paraspinal muscles, decreased range of motion of the cervical spine, decreased range of motion of the lumbar spine, decreased Rom of the right shoulder, decreased sensation to pinprick along the left more than right lateral leg, and decreased deep tendon reflexes at the left ankle and bilateral lower extremities. The progress note dated August 11, 2015 documented a physical examination that showed no changes since the examination on July 2, 2015. Treatment has included meds (Naproxen 550mg twice each day, Ultracet 37.5mg twice each day, and Prilosec 20mg one to two tablets each day (to treat gastritis from the Naproxen) since at least February of 2015). A urine drug screen dated May 14, 2015 noted appropriate results for the medications prescribed for the injured worker. The original utilization review (August 21, 2015) non-certified a request for Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "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 (200g 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. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)." While it is noted that the injured worker is being treated with naproxen, there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed.