

Case Number:	CM15-0188115		
Date Assigned:	09/30/2015	Date of Injury:	11/18/2004
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The 52-year-old male injured worker suffered an industrial injury on 11-18-2004. The diagnoses included disc disorder lumbar and mood disorder. On 8-27-2015, the treating provider reported the injured worker had been without medication for months. In the "review of systems" section, the only mention of gastrointestinal issues was change of bowel habits. The provider reported Prilosec was restarted and it was "used for Chronic GI distress associated with other prescription medications used to address pain". The progress note of 8-27-2015 noted that on 2-9-2011 AME he was prescribed Prilosec for GERD. The medical record did not include clinical details for the requested treatment and without evidence of gastrointestinal symptoms or use of NSAID medication. The Utilization Review on 9-14-2015 determined non-certification for Prilosec 20mg 1 capsule daily quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 capsule daily quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 2004. He continues to be treated for chronic back pain. When seen, medications were decreasing pain from 9/10 to 8/10. He was having increased bowel and bladder incontinence. He had not been seen for three months and had run out of medications. Physical examination findings included appearing fatigue and in moderate to severe pain. There was decreased cervical and lumbar range of motion. There was tenderness and tightness in the thoracic and lumbar spine. Thoracic and lumbar facet loading was positive. There was decreased upper extremity strength. Urine drug screening was performed. Prilosec was prescribed. The claimant had not taken an oral NSAID medication since at least March 2015. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. When he had be without medications for three months, there were no complaints of gastroesophageal reflux disease or dyspepsia. The prescribing of Prilosec is not medically necessary.