

Case Number:	CM15-0188549		
Date Assigned:	09/30/2015	Date of Injury:	02/03/2009
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
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: Connecticut, California, Virginia
 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:

This is a 45 year old male who sustained a work-related injury on 2-3-09. Medical record documentation on 7-15-15 revealed the injured worker was being treated for fracture of an ankle. He reported left ankle and left foot pain and was stable with his current medications. He reported stomach acid secondary to ibuprofen (1-12-15, 5-4-15) He had constant pain with radiation of pain to the left leg and foot. He rated his pain a 7 on a 10-point scale without medications (7 on 1-12-15, 5-4-15). Objective findings included ambulation without an assistive device and with a normal gait pattern. He was able to put on and remove his shoes and able to transfer on and off the examination table. His motor strength is 5-5 throughout the bilateral upper extremities. A request for Prilosec 20 mg #60 for date of service 7-15-15 was received on 8-26-15. On 9-4-15 the Utilization Review physician determined Prilosec 20 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 (DOS 7/15/15): Overturned

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 patient has a history of reflux complaints with ibuprofen. The documents submitted for review do not appear to provide clear evidence of GI complaints or objective physical findings now that the treating physician has switched to naproxen. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Omeprazole is reasonable given the history of GI complaint although there is clear lack of evidence for GI risk or symptomatology in the provided records. Therefore the request is medically necessary because there could be risk in treatment with NSAIDs, however, future requests should clearly be supported by strong evidence for risk assessment and need for continued treatment.