

Case Number:	CM15-0191915		
Date Assigned:	10/05/2015	Date of Injury:	03/01/2013
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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

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 injured worker is a 67 year old, female who sustained a work related injury on 3-1-13. A review of the medical records shows she is being treated for back pain. Treatments have included Current medications include Norco, Ibuprofen and Prilosec. In the progress notes, the injured worker is without complaints of nausea, vomiting or gastrointestinal upset. She has lower back and hip pain. In the objective findings dated 8-13-15, there are no gastrointestinal complaints or issues. In the progress notes dated 7-15-15, the provider notes "she is to continue taking Prilosec 20mg. a day to protect lining of her stomach by reducing acid production." There is no documentation of gastrointestinal problems or risk factors to warrant the use of Prilosec. She is not working. The treatment plan includes prescriptions for medications. The Request for Authorization dated 8-27-15 has requests for Norco, Nucynta and Prilosec. In the Utilization Review dated 9-4-15, the requested treatment of Prilosec 20mg. #30 with 2 refills is 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 #30 with 2 refills: Upheld

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

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

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, there is evidence of gastrointestinal upset with the use of NSAIDs. However, the injured worker is due to follow-up with the treating provider in 4 weeks, therefore the request for 2 refills is not supported. The request for Prilosec 20mg #30 with 2 refills is not medically necessary.