

Case Number:	CM15-0193108		
Date Assigned:	10/07/2015	Date of Injury:	10/02/2012
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 female who sustained an industrial injury on 10-2-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain-strain, lumbar sprain-strain, anxiety, depression and insomnia. According to the comprehensive orthopedic re-evaluation dated 9-1-2015, the injured worker complained of moderate neck pain as well as severe low back pain which had worsened. She was working with restrictions. The physical exam (9-1-2015) revealed tenderness to palpation of the lumbar spine with spasm. Lying straight leg raise was positive bilaterally. Treatment has included physical therapy and medications. Current medications (9-1-2015) included Flexeril, Naprosyn, Prilosec and topical cream. The original Utilization Review (UR) (9-30-2015) denied a request for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: 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: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, it is unclear if there has been a trial with an H2 blocker which would have a safer side effect profile or if the claimant is at risk for GI events. The request for Prilosec 20 mg #90 is not medically appropriate and necessary.