

Case Number:	CM15-0199860		
Date Assigned:	10/15/2015	Date of Injury:	06/04/2009
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 46-year-old female, who sustained an industrial injury on 06-04-2009. A review of the medical records indicates that the worker is undergoing treatment for complex regional pain syndrome of the bilateral upper extremity, spreading to the bilateral lower extremities, cervical and lumbar sprain and strain, right lateral epicondylitis, right knee internal derangement, reactionary depression and anxiety and medication-induced gastritis. Subjective complaints (06-18-2015, 07-16-2015, 08-24-2015) include persistent bilateral upper extremity and right lower extremity pain. The physician noted that the injured worker remained on oral analgesic medications including Anaprox and that she required Prilosec as she did develop medication induced gastritis symptoms, however there were no subjective gastrointestinal complaints documented. Objective findings (06-18-2015, 07-16-2015, 08-24-2015) include musculoskeletal findings which noted tenderness, trigger points and decreased range of motion of the cervical and lumbar spine. No objective gastrointestinal examination findings were documented. Treatment has included Anaprox (since at least 03-19-2015), Prilosec (since at least 03-19-2015) Lyrica, Baclofen, Klonopin, Effexor, Doral. Lidoderm patch, right stellate ganglion blocks, Ketamine injections and behavioral psychotherapy sessions, massage and a pain program. A utilization review dated 09-10-2015 modified a request for Prilosec from Prilosec 20 mg, BID, quantity: 60 to certification of Prilosec 20 mg qty of 30 only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events use that would place the claimant at risk. There was mention of NSAID induced gastritis. The claimant was on NSAIDs for several months and still required intervention for pain control. Long-term use of NSAIDS is not recommended. Pain scores were not recently noted and the claimant continued to have pain while on numerous medications. The continued use of NSAIDS is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.