

Case Number:	CM15-0200406		
Date Assigned:	10/15/2015	Date of Injury:	04/06/2001
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania

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:

This injured worker is a 75 year old female, who sustained an industrial injury on 04-06-2001. The injured worker was diagnosed as having cervical spine disc syndrome with strain - sprain disorder and radiculopathy, thoracic spine disc syndrome with strain - sprain disorder and radiculopathy and chronic pain syndrome with idiopathic insomnia. On medical records dated 07-01-2015 and 08-17-2015, the subjective complaints were noted as neck and mid back sharp, stabbing pain, stiffness, weakness, numbness, paresthesia and generalized discomfort. Objective findings were noted as reduced range of motion of the cervical and thoracic spine in all planes, reduced sensation and strength in the distribution of the bilateral C6 spinal nerve roots, tenderness, painful bilateral cervical and bilateral thoracic paraspinal muscular spasm, absent bilateral biceps deep tendon reflexes and reduced sensation in the distribution of the bilateral T4 spinal nerve roots. Treatments to date include medication. Current medications were listed as Norco, Neurontin, Tramadol, Zanaflex and Prilosec (since at least 04-2015). The Utilization Review (UR) was dated 10-05-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Prilosec Cap 20mg #30 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 20mg #30: 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: It is stated in the medical record that this worker is prescribed prilosec to protect the stomach from the other medications. This however is not a medical indication for Prilosec except in the case of NSAID use. Proton pump inhibitors such as prilosec are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. Although this worker is 75 years old and at increased risk of bleeding while on an NSAID, the medical records available to this reviewer did not indicate that this worker was on an NSAID.