

Case Number:	CM15-0201210		
Date Assigned:	10/16/2015	Date of Injury:	06/17/2008
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old male with an industrial injury date of 06-17-2007. Medical record review indicates he is being treated for status post instrumented fusion for grade 2 spondylolisthesis, cervical spine decompression and fusion at cervical 3-cervical 6, hypertension, left shoulder internal derangement and status post rotator cuff repair. Subjective complaints (09-18-2015) included neck pain and low back pain radiating into both legs. Work status is documented (09-18-2015) as permanent and stationary. Current medications included Hydrocodone, Prilosec (at least since 02-20-2015), Nortriptyline and Lotrel. Prior medications included Ibuprofen. In the treatment note dated 02-20-2015 the treating physician indicated the injured worker had stopped using ibuprofen. Physical exam (09-18-2015) noted diffuse tenderness to palpation to the cervical musculature and limited range of motion secondary to pain. He had full range of motion and strength in the upper extremities. Gastrointestinal complaints or exam are not indicated in the 09-18-2015 treatment note. The treatment plan included Norco, Lotrel (hypertension), Prilosec (gastritis) and Nortriptyline (headaches and sleep. On 09-30-2015 the request for Prilosec 20 mg # 30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg # 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section / Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec). In this particular case there is insufficient evidence in the records from 9/18/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Nexium is not medically necessary and non-certified.