MAXIMUS Federal Services

Case Number:	CM15-0207361		
Date Assigned:	10/26/2015	Date of Injury:	11/17/2008
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, 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 applicant is a represented 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 17, 2008. In a utilization review report dated September 29, 2015, the claims administrator partially approved a request for Prilosec. The claims administrator referenced an RFA form received on September 23, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On a September 22, 2015 appeal letter, the attending provider stated, in some sections of the note that Prilosec was being employed for actual symptoms of reflux and also stated that Prilosec had effectively attenuated the same. The attending provider stated in some sections of the note that Prilosec had attenuated the applicant's reports of reflux and GI disturbance. The attending provider then stated, somewhat incongruously, in another section of the note, that Prilosec was being employed for cytoprotective effect. On an earlier note dated August 13, 2015, it was stated the applicant was using Colace, Viagra, Flexeril, Prilosec, glipizide, hydrochlorothiazide, Zestril, metformin, and Ambien. Flexeril, Viagra, and Prilosec were renewed. The applicant denied issues with heartburn, it was reported in the review of systems section of the note. Permanent work restrictions were renewed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec Dr 20mg #90 with 3 refills: Overturned

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 University of Michigan Health System, Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May 12p.

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

Decision rationale: Yes, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia or by analogy, the stand-alone dyspepsia reportedly present here. Portions of the attending provider's September 22, 2015 appeal letter suggested that Prilosec had been introduced to combat actual symptoms of reflux and further stated that Prilosec had proven effective in attenuating the same. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.