MAXIMUS Federal Services

Case Number:	CM15-0208118		
Date Assigned:	10/27/2015	Date of Injury:	12/28/2001
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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 Jersey
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 54-year-old female, who sustained an industrial injury on 12-28-2001. The injured worker was diagnosed as having cervical-lumbar myofascial pain and neuralgia, neuritis, and-or radiculitis. Treatment to date has included diagnostics and medications. On 9-22-2015, the injured worker complains of discomfort, described as sharp, aching, pain, moderate, continuous, discomfort, varying with activity, increasing with movement, throbbing, tightness, and tingling. Intensity was rated 3-4 with medications and 6 without. Symptoms were aggravated by any almost any movement and reduced by medications and rest. Urine toxicology (8-26-2015) was documented positive for codeine and methamphetamine, although she denied using either of these 2 substances. Gastrointestinal complaints were not documented. Objective findings included pain and tenderness in the spine, spinal restriction(s) and subluxation(s), and moderate muscle spasms. She was given weaning plan for Norco and prescribed Naproxen and Prilosec. She was retired. On 10-05-2015 Utilization Review non-certified a request for Prilosec 20mg #30.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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 section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was no recorded history to suggest she was at an elevated risk for gastrointestinal events to warrant a PPI medication along with naproxen, which was recommended together by the provider recently. There was also no indication for prolonged NSAID use or any evidence of an acute flare-up of pain, which might have warranted a short course of NSAIDs. A PPI would not be recommended if NSAIDs were not prescribed. Therefore, considering the lack of evidence of appropriateness, the Prilosec will be considered medically unnecessary.