

Case Number:	CM15-0208498		
Date Assigned:	10/27/2015	Date of Injury:	09/19/2012
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
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: 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 58 year old male, who sustained an industrial injury on 9-19-12. The injured worker was diagnosed as having cervical spine and lumbar spine radiculitis. Treatment to date has included physical therapy, home exercise, epidural steroid injections, TENS, and medication including Naproxen, Norco, Prilosec, and Flexeril. The injured worker had been taking Prilosec since at least June 2015. On 9-10-15, the injured worker complained of cervical and lumbar spine pain. On 9-10-15, the treating physician requested authorization for Prilosec 20mg #60. On 9-25-15 the request 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 20mg #60: 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 rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs) including Prilosec. In general, PPIs are used in conjunction with NSAIDs when patients are at risk for serious gastrointestinal side effects to include ulcers and GI bleeding. The guidelines state that clinicians should weight the indications for NSAIDs against these GI risk factors and determine if the patient is at risk for gastrointestinal events. These GI risk factors are as follows: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the records do not provide information to indicate that the patient has any of these above cited GI risk factors. Under these conditions, the patient is deemed to be at low-risk. For low-risk patients, the use of a PPI is not necessary. Therefore, for this reason, Prilosec is not medically necessary.