

Case Number:	CM15-0209028		
Date Assigned:	10/28/2015	Date of Injury:	12/12/2012
Decision Date:	12/15/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/23/2015

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, 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:

This is a 53 year old male patient, who sustained an industrial-work injury on 12-12-12. He sustained the injury while moving a 10 feet tree. The diagnoses include cervical disc herniation, left shoulder internal derangement status post-surgery in February 2013, lumbar disc herniation, and medication induced gastritis. Per the doctor's note dated 10/20/15, he had complaints of lower back pain with radiation to the both lower extremities; left shoulder pain. He occasionally experiences medication induced gastritis symptoms. Physical examination revealed cervical spine- tenderness and decreased range of motion; left shoulder- tenderness and 3/5 strength; lumbar spine- tenderness and decreased range of motion. Per the doctor's note dated 9-22-15, he had complains of continued left shoulder pain, cervical pain and lumbar pain. Per the treating physician report dated 7-29-15 the work status is permanent and stationary with modified work and limitations-restrictions. He has not returned to work since 2014 due to ongoing pain. The current medications list includes norco, anaprox and prilosec. He had lumbar spine MRI on 10/15/15 which revealed disc herniation at L4-5 with bilateral neural foraminal narrowing; left shoulder MRIs; cervical MRI dated 10/15/15 which revealed disc herniation at C6-7. He has undergone left shoulder surgery in 2/2013. The treating physician indicates that the urine drug test result dated 5-22-15 and 7-29-15 were inconsistent with the medications prescribed and the urine drug screen dated 9-22-15 was consistent with medications prescribed. Treatment to date has included pain medication, Ibuprofen, Tramadol, Hydrocodone-Acetaminophen, Trazodone, Butrans patches, Prilosec; home exercise program (HEP), orthopedic consults, work modifications, physical therapy visits and left shoulder injections. The requested service

included Prilosec 20mg #60. The original Utilization review dated 10-8-15 non-certified the request for Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

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: Prilosec 20mg #60 Prilosec contains Omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: (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). Per the records provided the patient experiences medication induced gastritis symptoms. The patient is currently taking anaprox which is a NSAID. Use of a PPI like Prilosec is recommended in such a patient. The request for Prilosec 20mg #60 is medically appropriate and necessary for this patient.