MAXIMUS Federal Services

Case Number:	CM15-0209325		
Date Assigned:	10/28/2015	Date of Injury:	04/15/2015
Decision Date:	12/08/2015	UR Denial Date:	10/19/2015
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: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 50 year old female who sustained an industrial injury on April 15, 2014. The worker is being treated for right ankle injury, bilateral knee, left wrist, bilateral ankle, increasing low back and neck pains; gastrointestinal distress, constipation, and dyspepsia. On May 11, 2015, she reported complaint of: "increased bilateral ankle and low back pain, bilateral knee and elbow, increased right wrist, left wrist, and increased neck pains." July 15, 2015, she reported distress secondary to medications with note of recent hospitalization due to gastrointestinal distress and constipation. August 25, 2015, June 19, 2015, July 15, 2015, and September 29, 2015, she reported complaint of heartburn. May 11, 2015 noted: "increased lumbar spine tenderness with "slight hypertonicity with muscle guarding over paravertebral and lumbosacral junction, right side greater; bilateral elbow noted tender over lateral epicondyle, right and medial on the left with a positive Cozen's test. Medications on May 11, 2015 were Norco, Anaprox, and Zanaflex. June 19, 2015, she was prescribed initial omeprazole 20mg for the treatment of dyspepsia, discontinued Zanaflex, continue Norco, and Anaprox. August 25, 2015, and September 29, 2015, noted Anaprox discontinued; continue omeprazole and Norco. Diagnostic tests include radiographic study of right ankle and foot, MRI cervical, lumbar spine, and right ankle. Treatment has included activity modification, DME braces ankle, medication, pool therapy, and internal medicine consultation gastrointestinal follow up. On September 29, 2015, a request was made for Prilosec 20mg #60 that was noncertified by Utilization Review on October 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Prilosec 20mg #60: Upheld

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: According to the cited CA MTUS guidelines, a proton pump inhibitor (PPI), such as Prilosec 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. The intermediate risk factors include: age > 65 years; history of peptic ulcer, GI bleeding/perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. According to the most recent treating physician notes through September 29, 2015, the injured worker is no longer on Anaprox or other NSAIDs, so she does not meet criteria for being at risk for an intermediate GI event. Therefore, the request for Prilosec 20mg #60 is not medically necessary and appropriate.