

Case Number:	CM15-0020876		
Date Assigned:	02/10/2015	Date of Injury:	09/13/2001
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 75 year old male who sustained an industrial injury on 9/13/07. The injured worker reported symptoms in the back. The diagnoses included lumbar spine sprain/strain syndrome, post-laminectomy syndrome, bilateral lower extremity radiculopathy, history of gastritis. Treatments to date include posterior lumbar interbody fusion on 3/3/03, anterior lumbar interbody fusion and post lumbar fusion revision on 1/20/10, and oral analgesic medications. In a progress note dated 1/12/15 the treating provider reports the injured worker was with complaints of lower back pain "mostly axial in nature, aggravated when he attempts to strain or extend his lower back." On 1/26/15 Utilization Review non-certified the request for Prilosec 20 milligrams 30 x 1 capsule bottle. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 30x1CAP Bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 01/12/2015 report, this patient presents with back pain. The current request is for Prilosec 20mg 30 x 1 capsule bottle. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 01/12/2015. The patient's work status is permanent and stationary. The MTUS Guidelines state with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The medical reports provided indicate the patient "does not tolerate anti-inflammatory due to severe gastritis and this condition causes depression." The treating physician documents that the patient is on Anaprox DS and has gastrointestinal side effects with medication use. The patient is over 65 years old and no other risk factors are present. There is discussion regarding symptoms of gastritis, reflux or other condition that would require a PPI. In this case, the treating physician mentions symptoms of gastritis, reflux or other condition that would require a PPI. However, the treating physician did not provide discussion regarding the efficacy of the medication. MTUS page 60 requires that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request IS NOT medically necessary.