

Case Number:	CM15-0211122		
Date Assigned:	10/29/2015	Date of Injury:	12/06/2013
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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:

This is a 55 year old male who sustained a work-related injury on 12-6-13. Medical record documentation on 9-29-15 revealed the injured worker was being treated for medication-induced gastritis. He reported increased pain in the lower back and pain in the left shoulder. He used only Norco as needed for pain management and relied primarily on Anaprox twice per day. He occasionally experienced medication-induced gastritis symptoms and uses Prilosec. His medication regimen included Anaprox DR 500 mg, Prilosec 20 mg, Norco 10-325 mg and Topamax 25 mg. Objective findings did not include findings related to the request for Prilosec. The injured worker's past medical history is significant for diabetes. A request for Prilosec 20 mg two times a day as needed #60 was received on 10-7-15. On 10-15-15, the Utilization Review physician determined Prilosec 20 mg two times a day as needed #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 2 times daily as needed #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: Review indicates conflicting documentation of questionable use of Anaprox from various medical reports by various providers as the patient is reported to currently have medication-induced gastritis. Regardless, current report does note the patient taking Anaprox twice daily with comorbid history of Diabetes. Although long-term use of any NSAID (Anaprox) is not recommended without continued assessment of functional benefit, current medication regimen does include Anaprox. Prilosec medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Prilosec namely reserved for patients with history of prior GI bleeding and in the elderly (over 65 years); however, there is notation of comorbid diabetic diagnosis along with described medication-induced gastritis that meets the criteria to indicate a short course of medical treatment with further consideration pending re-assessment. The Prilosec 20mg 2 times daily as needed #60 is medically necessary and appropriate.