

Case Number:	CM15-0030135		
Date Assigned:	02/23/2015	Date of Injury:	08/12/2010
Decision Date:	04/08/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/18/2015

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 50-year-old male, who sustained an industrial injury on 8/12/10. He has reported pain in the lower back. The diagnoses have included lumbar disc herniation. Treatment to date has included epidural injections, physical therapy, MRI of the lumbar spine and oral medications. As of the PR2 dated 1/12/15, the injured worker reports moderate to severe pain across the lower back with restricted range of motion. No complaints of gastrointestinal distress or diagnosis. The treating physician requested Prilosec 20mg #60 x 1 refill. On 1/19/15 Utilization Review non-certified a request for Prilosec 20mg #60 x 1 refill. The utilization review physician cited the MTUS guidelines. On 1/27/15, the injured worker submitted an application for IMR for review of Prilosec 20mg #60 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: This patient presents with lower back pain. The treater has asked for PRILOSEC 20MG #60 WITH 1 REFILL on 1/5/15. Patient was taking Prilosec on 8/4/14 report. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do not include an NSAID. Review of reports from 8/4/14 to 1/5/15 do not show any documentation of GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. The treater does not explain why this medication is being prescribed. The patient was on Prilosec 5 months ago, without any documentation of its efficacy. No GI risk assessment is provided to determine a need for GI prophylaxis with a PPI either. The request IS NOT medically necessary.