

Case Number:	CM15-0031266		
Date Assigned:	02/24/2015	Date of Injury:	12/27/2005
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 December 27, 2005. The mechanism of injury is unknown. The diagnoses have included status post L3-4, L4-5 and L5-S1 PLIF 2010, removal of pedicle screw hardware February 2011, anterior posterior lumbar fusion revision February 2012, bilateral lower extremity radiculopathy, medication-induced gastritis, status post right knee arthroscopic meniscus repair in April 2013, cervical myoligamentous injury with bilateral upper extremity radicular symptoms and reactionary depression/anxiety. Treatment to date has included diagnostic studies, exercises, medication and epidural steroid injection. On January 29, 2015, the injured worker complained of ongoing pain in her neck with associated cervicogenic headaches along with radicular symptoms to both upper extremities. She also complained of lower back pain radiating down to both lower extremities. She rated her pain as a 7 on a 0-10 pain scale. She stated that her current medical regimen enabled her to actively participate in home exercise program as well as performing light chores around the house. She continued to rely on a single point cane for ambulation. Medication regimen includes Anaprox 550mg #60. Prilosec is being utilized for gastro-intestinal protection for the following risk factors: age, non-steroidal anti-inflammatory medication, chronic pain and stress, poor eating habits and nutrition, some alcohol and smoking. On February 9, 2015, Utilization Review non-certified Prilosec 20mg #60, noting the CA MTUS Guidelines. On February 19, 2015, the injured worker submitted an application for Independent Medical Review for review of Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec CAP 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, NSAIDs, GI symptoms cardiovascular risk factors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/healthy-living/nutrition-and-healthy-eating/expert-blog/heartburn-and-b-12-deficiency/bgp-20091051>.

Decision rationale: Per the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). In this case, the patient is noted to be 50 years old. There is no indication of history of peptic ulcer, G.I. bleeding or perforation. While Anaprox 550 mg b.i.d. is noted to have been prescribed, the injured worker is not on high dose/multiple non-steroidal anti-inflammatory medications, and moreover, per Utilization Review, the request for Anaprox has not been supported. Furthermore, per the MTUS guidelines, long-term use of proton pump inhibitors leads to an increased risk of hip fractures. There is also an association with long-term use of proton pump inhibitors and vitamin B12 deficiency. The request for Prilosec CAP 20mg #60 is not medically necessary.