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| Case Number: | CM15-0037772 | | |
| Date Assigned: | 03/06/2015 | Date of Injury: | 06/10/2008 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47-year-old male with a date of injury of 6/10/08. The injury was a back injury related to lifting a transmission. He continues to complain of low back pain with right radicular complaints and right shoulder pain. Diagnoses include Thoracic and lumbar neuritis and radiculitis, lumbago, L5-S1 right paracentral disc herniation, L4-5 and L5-S1 facet degenerative changes and right shoulder pain with SLAP lesion, supraspinatus tendinosis and symptoms of adhesive capsulitis. Treatment has included Norco, naprosyn, Prilosec, Ambien, Biofreeze gel and Tylenol. The Utilization Review on 2/20/15 did not certify the Prilosec, noting that its use was not supported by the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs, GI symptoms and cardiovascular risk Page(s): 68.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

Decision rationale: Prilosec is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with non-steroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple nonsteroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of a PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The medical records do not document any GI symptoms or side effects from medications or history of GI complaints or diagnoses. The Utilization Review on 2/18/15 did not certify continuation of the Naprosyn, thus the criteria for use of proton pump inhibitors is not met. The request for Prilosec 20 mg #30 is not medically necessary.