

Case Number:	CM15-0044847		
Date Assigned:	03/17/2015	Date of Injury:	08/28/2009
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, New York, California
 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 applicant is a represented 44-year-old [REDACTED] beneficiary who has filed a claim for chronic wrist, hand, and low back pain reportedly associated with an industrial injury of August 20, 2009. In a utilization review report dated February 24, 2015, the claims administrator failed to approve a request for Prilosec. The claims administrator referenced an RFA form received on February 13, 2015. In a February 3, 2015 supplemental report, Norco, Naprosyn, Prilosec, and Flexeril were renewed, without any explicit discussion of medication efficacy. In a December 23, 2014 progress note, the applicant reported multifocal complaints of wrist and low back pain. Naprosyn, Norco, Flexeril, and Prilosec were endorsed. The progress notes made no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. Similarly, an earlier note dated November 20, 2014 likewise contained no references to or mention of the issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 MG #30: 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): 68.

Decision rationale: 1.No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.