

Case Number:	CM15-0056746		
Date Assigned:	04/01/2015	Date of Injury:	03/12/2005
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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 53 year old female, who sustained an industrial injury on 3/12/05. She reported back injury. The injured worker was diagnosed as having lumbago with right leg sciatica and depression. Treatment to date has included oral medications including opioids, physical therapy and home exercise program. (MRI) magnetic resonance imaging of lumbar spine has been performed on 9/15/11 and 2/26/14. Currently, the injured worker complains of constant low back pain associated with pain and numbness radiating down the leg. Decreased range of motion of lumbar spine is noted on physical exam. Treatment plan consisted of proceeding with spinal surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 02/17/15 progress report provided by treating physician, the patient presents with low back pain with bilateral leg pain and numbness. The request is for PRILOSEC 20MG #60. RFA not provided. Patient's diagnosis on 02/17/15 included lumbago, sciatica and ankle joint pain. Patient medications include Prilosec, Nortriptyline, Ambien and Norco. Per treater report dated 02/23/15, the patient was dispensed Celebrex and Valium. Work status not available. Treater states QIW, qualified injured worker, per 02/17/15 progress report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per 10/27/14 progress report, the patient is prescribed Prilosec for GERD. It is not known when Prilosec was initiated. Treater states that "medicines are working reasonably well for [the patient] although because her abdominal issues continue to be predominantly they haven't yet been able to do another surgery." Per treater report dated 02/17/15, the patient is status post cholecystectomy and esophagus surgery, unspecified dates; and history of stomach problems. Patient reports abdominal issues are resolving and she is currently dealing with acid reflux. Treater has documented patient's history of GI issues including GERD, and patient is on oral NSAID therapy, per treater report dated 02/23/15. Prophylactic use of PPI is indicated by MTUS. Therefore, the request for Prilosec IS medically necessary.