

Case Number:	CM15-0081348		
Date Assigned:	05/04/2015	Date of Injury:	10/14/2003
Decision Date:	06/12/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56 year old female, who sustained an industrial injury on October 14, 2003. The mechanism of injury was not provided. The injured worker has been treated for neck, bilateral wrist and upper and lower back complaints. The diagnoses have included chronic pain, lumbar spine pain, cervical spine pain, bilateral carpal tunnel syndrome and right eye blindness secondary to chronic steroid use. Treatment to date has included medications, radiological studies, pain management, physical therapy, trigger point injections, lumbar spine surgery, cervical spine surgery and bilateral carpal tunnel surgery. Most current documentation dated October 3, 2014 notes that the injured worker reported upper back pain and soreness. The injured worker also noted bilateral hand numbness and tingling and left hand swelling. Objective findings included mid and lower back tenderness with associated numbness and tingling of the bilateral extremities. The noted documentation was hand written and difficult to decipher. The treating physician's plan of care included a request for the medication Prilosec 20 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

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 Official Disability Guidelines (ODG) Pain (Chronic), NSAIDS, GI symptoms & cardiovascular risk.

Decision rationale: MTUS and ODG states, "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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. In fact, the records fail to state that the patient is taking any NSAIDS at this time. As such, the request for Prilosec 20mg Qty 90 is not medically necessary.