

Case Number:	CM14-0117682		
Date Assigned:	08/06/2014	Date of Injury:	10/06/2009
Decision Date:	10/20/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 29 year old male injured on 10/06/09 while carrying a ladder and equipment to the vehicle when the injured worker felt a sharp pain to the mid to low back. The injured worker was initially treated with NSAIDs which caused abdominal pain, acid reflux, nausea, diarrhea, constipation, melena, and bright red blood per rectum. The injured worker also experienced depression, anxiety, and shortness of breath attributed to frustration due to chronic pain. Clinical note dated 05/23/14 indicated the injured worker continued to complain of gastric related symptoms. Current medications included tramadol, cyclobenzaprine, and over the counter ibuprofen. Diagnoses included abdominal pain, acid reflux rule out ulcer/anatomical alteration, constipation/diarrhea secondary to stress/narcotics rule out irritable bowel syndrome, bright red blood per rectum rule out hemorrhoids secondary to constipation, and orthopedic diagnosis deferred to specialty. Treatment plan included urine drug screen, laboratory examination, electrocardiogram, abdominal ultrasound, prescription oral medications including Prilosec, Citrucel, and MiraLax, and topical creams. Initial request for Prilosec 20mg #30 for gastrointestinal signs/symptoms was denied by Utilization Review on 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 for gastrointestinal signs/symptoms: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs, NSAIDs, GI symptoms & cardiovascular risk Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs use with significant complaints of gastric irritation and pain requiring gastric protection. As such, the request for Prilosec 20mg #30 for gastrointestinal signs/symptoms is recommended as medically necessary.