

Case Number:	CM14-0122757		
Date Assigned:	09/16/2014	Date of Injury:	05/28/2013
Decision Date:	10/20/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/04/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 60 year old male who was reportedly injured on 05/28/2013. The mechanism of injury is noted as a motor vehicle accident. The last progress report dated 07/21/2014 notes the injured worker as having continued constant pain and numbness tingling down the left upper extremity with home exercises. Current medications are Norco as needed, Prilosec, Ketoprofen, Ibuprofen, Amlodipine, Hydralazine and Losartan. Injured worker stopped taking Tramadol due to gastrointestinal issues. A request was made for Prilosec 20mg open ended request and was not certified on 07/02/2014. 16762

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG (OPEN ENDED REQUEST, NO QUANTITY NOTED): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: This is a claimant with chronic cervicalgia and lumbar pain. The claimant has been prescribed and remains on both ketoprofen and Ibuprofen, Given the use of two NSAIDs and without comment on the appropriateness of such combinations, the use of Prilosec

20 mg is reasonable for as long as two NSAIDs are in use. Prilosec is a proton pump inhibitor and its use as a cytoprotective agent is anticipated by CAMTUS which categorized two NSAIDs as an intermediate risk indicator for gastrointestinal complications. Therefore the indefinite use of Prilosec is medically necessary for as long as two NSAIDs are being prescribed.