

Case Number:	CM14-0144408		
Date Assigned:	09/12/2014	Date of Injury:	04/24/2012
Decision Date:	10/15/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 patient is a 56 year old male who was injured on 04/24/2012 while unloading 15 pallets weighing between 10 and 110 lbs. He sustained an injury to his low back. Office note dated 01/27/2014 states the patient was taking Motrin which caused upset stomach and was recommended to be discontinued and initiate Relafen which is also an anti-inflammatory with less stomach irritation. The patient has no diagnosis of a GI condition or voices any GI complaints on reports provided. Prior utilization review dated 08/06/2014 states the request for Prilosec once a day # 30 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec once a day # 30: 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 rationale: The guidelines recommend PPI therapy for patients with specific GI diseases such as GERD, PUD, etc. or for patients on NSAID therapy at risk for GI events. The clinical documents did not identify the patient as having a GI disorder or GI complaints. From

the documents it does not appear the patient is at increased risk for GI events with NSAID therapy. The documents did not provide a diagnosis for which Prilosec is being prescribed. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.