

Case Number:	CM14-0166502		
Date Assigned:	10/13/2014	Date of Injury:	06/17/1999
Decision Date:	12/16/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopedic surgery and is licensed to practice in Arizona. 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:

This is a 54-year-old female who sustained an injury on 6/17/1999. As a result of the injury the patient has chronic neck and shoulder pain. As part of her medication regimen, she takes Naprosyn 500 mg twice a day, Prilosec 40 mg daily, and Ultram ER 100 mg twice a day. She has type 2 diabetes and a history of hypertension. In her review of systems there is listed heartburn as a GI symptoms symptom. She is working full time. A request is made for a refill of the Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40 MG 1PO QD #30, 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory medication Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, non-steroidal anti-inflammatory medication GI risk

Decision rationale: The chronic pain guidelines discuss the use of Prilosec for patients at intermediate risk for GI gastrointestinal events. This patient has none of the risk factors associated with a gastrointestinal sternal events. However, the patient does have a history of

heartburn, the ODG does mention that in patients with dyspepsia secondary to non-steroidal anti-inflammatory medication, one should stop the NSAIDs, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. Since the patient is working full time and functioning well with the medication regimen she is now on, it seems reasonable to continue her on the protein pump inhibitor to keep her dyspepsia under control rather than manipulating her medication regimen and running the risk of causing an exacerbation of her pain. Therefore, the medical necessity for continuing the Prilosec is established.