

Case Number:	CM14-0210323		
Date Assigned:	12/23/2014	Date of Injury:	07/24/2014
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, foot, low back, and hip pain reportedly associated with an industrial injury of July 24, 2010. In a Utilization Review Report dated December 8, 2014, the claims administrator approved a surgical consultation for the ankle, approved a surgical consultation for the knee, approved Motrin, partially approved Prilosec, and approved Gralise (gabapentin). The claims administrator referenced a progress note of November 18, 2014 in its determination. The applicant's attorney subsequently appealed. On November 17, 2014, the applicant reported ongoing complaints of knee pain. The applicant was reportedly working full time. 10/10 pain without medications versus 6/10 with medications was reported. The attending provider posited that ongoing usage of Prilosec was attenuating the applicant's symptoms of reflux in conjunction with Motrin usage. Both Motrin and Prilosec were refilled while the applicant was returned to work with a 20-pound lifting limitation. The attending provider posited that usage of Prilosec had effectively attenuated the applicant's symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk, Functional Restoration Approach to Chronic Pain Ma. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Prilosec Medication Guide.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as was/is present here. This recommendation is, however, is qualified by commentary made on page 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that the recommended frequency and dosage of Prilosec for gastroesophageal reflux disease (GERD), the diagnosis reportedly present here, is 20 mg once daily. The request for Prilosec 20 mg #60, however, represents twice daily usage which is incompatible with the FDA-recommended frequency and dosage. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position of twice daily dosing of Prilosec. Therefore, the request was not medically necessary.