

Case Number:	CM14-0211257		
Date Assigned:	12/24/2014	Date of Injury:	05/13/2008
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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: California
Certification(s)/Specialty: Family Practice

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 48-year-old male employee of the [REDACTED] who sustained an industrial injury on May 13 2008. The patient is diagnosed with herniated disc to the right at L5-S1 involving S1 nerve root and possibly L5, low back and right lower extremity pain and S1 nerve distribution and depression. The medical records indicate that the patient has a history of gastroesophageal reflux disease. The patient was seen on November 18, 2014 at which time he complained of ongoing low back pain. He continues to do well on the current medication regimen. The patient reports some mild gastrointestinal upset with Relafen but Prilosec helps prevent this. It is noted that the patient is working full-time. His medications consists of Percocet 10/325 mg of to three year day, Relafen 750 mg 1 to 2 a day, Prilosec 20 mg one day as needed, and Viagra as needed. Plan was to decrease Percocet from 4 to 3 a day. Relafen 750 mg #120 and Prilosec 20 mg #60 was dispensed. The patient is to be seen in two months. Utilization review was performed on December 8, 2014 at which time the request for Prilosec 20 mg #60 dispensed on November 18, 2014 was modified to allow for #30. The prior peer reviewer noted that the recommended dosage of Prilosec is 20 mg daily and the number of tablets dispensed on November 18, 2014 would indicate that the patient is using 40 mg, and therefore Prilosec was modified to allow for #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20 mg, dispensed on 11/18/14 # 60: Overturned

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 Page(s): 68 and 69.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors may be indicated for the following cases: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient has a history of gastroesophageal reflux disease and is being prescribed oral nonsteroidal anti-inflammatory medications. The medical records indicate that the patient is using this medication at the recommended dosage 20 mg once per day. On the November 18, 2014 examination narrative at which time Prilosec 20 mg #60 was dispensed, it is noted that the patient is to return in two months, and as such a quantity of 60 tablets would be supported for two months. The request for Prilosec 20 mg dispensed November 18, 2014 #60 is medically necessary.