

Case Number:	CM14-0217467		
Date Assigned:	01/07/2015	Date of Injury:	01/20/2003
Decision Date:	03/23/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/29/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported injury on 01/20/2003. The mechanism of injury was not submitted for review. The injured worker has diagnoses of major depressive disorder, psychological factors affecting medical condition, and somatic symptom disorder with predominant pain. On 09/13/2013, the injured worker underwent a UA that showed that they were noncompliant with prescription medications. Past medical treatment consists of psychological evaluation and medication therapy. Medications consists of Latuda, Seroquel, Ativan, Klonopin, Wellbutrin, Risperdal, and Prilosec. On 09/17/2014, the injured worker was seen on follow-up where he was noted to be depressed and psychotic. The physical examination noted that the injured worker has been taking these medications for years, and is medically necessary to continue taking them for his wellbeing. The medical treatment plan is for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIGI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended for patients with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are not at moderate to high risk for gastrointestinal events. The submitted documentation did not indicate that the injured worker was on an NSAID regimen, nor was there any indication of the injured worker having any complaints of dyspepsia. Additionally, there was no evidence submitted for review showing that the injured worker was at risk for gastrointestinal events. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.