MAXIMUS Federal Services

Case Number:	CM14-0098552		
Date Assigned:	07/28/2014	Date of Injury:	02/19/2004
Decision Date:	07/09/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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:

This 62-year-old man sustained an industrial injury on 2/19/2004. The mechanism of injury is not detailed. Diagnoses include lumbar spine sprain/strain with disc bulge, cervical spine sprain/strain, bilateral carpal tunnel with release, abdominal hernia, chronic bilateral shoulder sprain/strain, chronic bilateral shoulder impingement syndrome with rotator cuff tears, and fracture of left long finger with surgical repair. Treatment has included oral medications, physical therapy, and surgical interventions. Physician notes dated 3/12/2014 show complaints of low back pain rated 8/10 with radiation to the left lower extremity, right shoulder pain rated 4-5/10, and abdominal hernia pain after surgical correction. Recommendations include consideration of hardware removal from the lumbar spine due to complaints, Norco, Neurontin, Prilosec, Anaprox, request for urine drug screen at next visit, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20mg #30 with 3 refills (DOS: 4/24/14): 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 & Cardiovascular Risk page(s): 68-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, clinicians should weight the indications for NSAIDs against gastrointestinal risk factors. The clinician should determine if the patient is at risk for gastrointestinal events, which include risk factors such as (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 medical records do not document any GI symptoms in this patient. The only risk factor identified is that the patient is over 65 years of age. However, there is no evidence of a prior GI bleed, ulcer, concurrent use of aspirin or an anticoagulant, or high dose multiple NSAIDS. Under these conditions, the patient is in the low risk category and a PPI such as Prilosec is not medically necessary.