

Case Number:	CM15-0101917		
Date Assigned:	06/04/2015	Date of Injury:	02/10/2010
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: Internal 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 injured worker is a 59 year old female, who sustained an industrial injury on February 10, 2012. The injured worker was diagnosed as having to date has included medication. A progress note dated April 17, 2015 provides the injured worker complains of back and knee pain rated 8-9/10. She is frustration because she feels her pain is causing decreased function of activities of daily living (ADL) and adversely affecting her psychologically. Physical exam notes bilateral knee tenderness. X-ray reveals bone on bone of the left knee with medial shift of the femur on tibia. The plan includes ibuprofen, Prilosec, topical compounds, surgery and injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec OTC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Based on MTUS guidelines, clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulation; or (4) high dose/multiple NSAID (e.g., NSAID + low dose ASA). The recommendations are as follow. Patients with no risk factors and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events with no cardiovascular disease: (1) A non-selective NSAID with either a PPI (proton pump inhibitor, for example, 20 mg of omeprazole daily) or misoprostol (200 mcg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (>1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events and no cardiovascular disease: A Cox-2 selective agent plus a PPI is absolutely necessary. In this case, the patient appears to be at low risk for gastrointestinal events as she is less than 65 years old, does not have a history of peptic ulcer disease, or GI bleeding and is not on high dose or combination NSAID therapy. Therefore, based on the information in this case and review of the MTUS guidelines, the request for prilosec OTC is not recommended.