

Case Number:	CM15-0102808		
Date Assigned:	06/05/2015	Date of Injury:	07/21/2000
Decision Date:	07/03/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, 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 injured worker is a 68 year old who sustained an industrial injury on July 21, 2000. The injured worker was diagnosed as having failed back syndrome, flare-up lumbar radiculitis, lumbosacral disc degeneration and long term use of medication. Treatment to date has included magnetic resonance imaging (MRI) and medication. A progress note dated May 11, 2015 provides the injured worker complains of persistent back pain with radiation to the legs. Pain is rated 5/10 with medication and 9-10/10 without medication. Physical exam notes lumbar tenderness and decreased range of motion (ROM). There is decreased sensation to pinprick in the legs and an antalgic gait with use of a cane. The plan includes tapering Morphine, Prilosec and referral for second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, quantity: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 67.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was on multiple opioids and NSAIDS which can increase the risk of GI upset. Reducing or altering the medications rather than prolonged use of Prilosec is more appropriate. Therefore, the continued use of Prilosec is not medically necessary.