

Case Number:	CM15-0015675		
Date Assigned:	02/03/2015	Date of Injury:	09/20/2008
Decision Date:	03/19/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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: Ohio, North Carolina, Virginia
 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 47 year old female sustained an industrial injury on 9/20/08, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (11/25/14), showed disc desiccation at L4-5 and L3-4 with disc protrusion and herniation and increased lumbosacral angulation associated with facet changes. In a PR-2 dated 12/3/14, the injured worker complained of back stiffness and pain, left hip pain, right ankle pain and left arm numbness. Pain was rated 8-10/10 on the visual analog scale. Review of symptoms was negative for gastric complaints. Physical exam was remarkable for normal gait, tenderness to palpation to the lumbar spine, mildly positive straight leg and right ankle with decreased range of motion. Work status was temporary total disability. The treatment plan included obtaining a psychiatric evaluation and EMG/NCV of bilateral lower extremities per patient request, continuing medications (Cymbalta, Naprosyn, Norco, Prilosec, Sprintec, Topamax and Zanaflex), obtaining a urine drug screen and 12 sessions of chiropractic therapy. On 1/15/15, Utilization Review non-certified a request for Prilosec cap 20mg QD with 3 refills noting no adverse gastrointestinal symptoms and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec cap 20mg QD with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 68.

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

Decision rationale: Those patients prescribed NSAIDS such as Naproxen should be assessed for their chances of developing gastrointestinal events such as gastric ulceration. Those risk factors include (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). For those with one or more risk factors, it is recommended to consider the addition of a proton pump inhibitor such as Prilosec to lessen the chances for gastrointestinal events. In this case, the injured worker has none of the above risk factors. The dose of the NSAID naproxen she is currently taking, 500 mg twice a day, is a standard dose regimen. A high dose regimen would be on the order of 1500 mg daily. The review of systems consistently shows no history of gastritis, abdominal cramps, or pain. Consequently, Prilosec cap 20mg QD with 3 refills is not medically necessary in view of the submitted medical record and with reference to the cited guidelines.