MAXIMUS Federal Services

Case Number:	CM15-0110964		
Date Assigned:	07/20/2015	Date of Injury:	09/10/2009
Decision Date:	08/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 47 year old male, who sustained an industrial injury on 9/10/2009. The injured worker was diagnosed as having esophageal reflux. Treatment to date has included diagnostics and medications. Currently (4/28/2015), the injured worker's complaints were not specified. Objective findings noted abdominal pain and gastroesophageal reflux disease. His current medication regimen was not noted. The treatment plan included requests for Prilosec and Tums ultra. Urine toxicology tests on 2/19/2015 and 4/16/2015 were negative for all tested analytes. Previous progress notes reference the use of Omeprazole and-or Pantoprazole due to gastrointestinal complaints, at which time his medication regimen was specified and included several medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg (one 2x daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

1 Tums Ultra (3x daily): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National institute for health and care excellence (NICE) 2014. Sept 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov; national guideline clearninghouse.

Decision rationale: Regarding the request for 1 Tums Ultra (3x daily), California MTUS and ODG does not address the use of Tums. National guideline clearinghouse does not recommend the use of antacids for gastroesophegeal reflux disease. In light of the above issues, the currently requested 1 Tums Ultra (3x daily) is not medically necessary.