

Case Number:	CM15-0146381		
Date Assigned:	08/07/2015	Date of Injury:	11/30/2004
Decision Date:	11/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old male, who sustained an industrial injury on 11-30-2004. The medical records indicate that the injured worker is undergoing treatment for medication-induced gastritis. According to the progress report dated 7-6-2015, the injured worker presented with complaints of medication-induced gastritis and occasional GERD. The treating physician states, "the patient gets medication-induced gastritis with all medications". The physical examination did not reveal any gastrointestinal findings. The current medications are MS Contin, Norco, Valium, Prevacid (since at least 6-4-2015), Zoloft, and Zanaflex. Treatments to date include medication management. Work status is described as temporary totally disabled. The treatment plan included certification of Prilosec 20mg #60. The original utilization review (7-20-2015) had non-certified a request for Prevacid 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg by mouth twice daily for chronic pain quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case, there is insufficient evidence in the records from 7/6/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. The physical examination did not reveal any gastrointestinal findings. Therefore, the request for Prevacid is not medically necessary and non-certified.