

Case Number:	CM15-0170054		
Date Assigned:	09/10/2015	Date of Injury:	04/12/2015
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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

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 41 year old female, who sustained an industrial-work injury to the neck, back and bilateral shoulders on 4-12-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain and lumbar radiculitis. Medical records dated 7-1-15 indicate that the injured worker complains of neck, back, bilateral shoulders and leg pain. The pain is associated with numbness and tingling in the left lower extremity (LLE). The medical record dated 4-28-15 states that the injured worker indicates that salsalate was upsetting her stomach so it was discontinued. She also indicated that she has problems with Ibuprofen upsetting her stomach, so it is noted that the physician would not prescribe any non-steroidal anti-inflammatory drug. The medical record dated 7-1-15 notes that there are no complaints of abdominal; pain, heartburn, nausea, vomiting, diarrhea, constipation, rectal bleeding or ulcers. The medical records also indicate that the pain affects her activities of daily living (ADL) and ability to perform them. Per the treating physician report dated 4-28-15 the injured worker's work status was modified with restrictions and the medical record dated 7-1-15 the employee has work restrictions. The physical exam dated 7-1-15 reveals cervical spine tenderness. The lumbar exam reveals tenderness to palpation with spasms, positive straight leg on the left in seated position at 45 degrees. The physician notes that Tramadol and Diclofenac were prescribed and that he will add Prilosec for gastrointestinal prophylaxis to decrease the risk of gastrointestinal irritation and as prophylaxis against peptic ulcer disease. Treatment to date has included pain medication, Prilosec since date of 7-1-15, diagnostics, urine drug screen, activity modifications, physical therapy, work modifications, and other modalities. The treating physician

indicates that the urine drug test result dated 7-1-15 was consistent with the medication prescribed. The original Utilization review dated 7-28-15 denied a request for Prilosec 20mg twice a day #60 as the injured worker was prescribed a non-steroidal anti-inflammatory drug but there is no documentation of dietary change resulting from gastrointestinal symptoms associated with medications being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs), including Prilosec, for patients on NSAIDs. These guidelines state that clinicians should determine if the patient is at risk for gastrointestinal events: (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). Treatment recommendations are as follows: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug 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 (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk, the suggestion is naproxyn plus low-dose aspirin plus a PPI. In this case, the records do not provide information to indicate that the patient is a intermediate or high-risk for an adverse gastrointestinal event. Further, there is no description in the medical records that the patient is experiencing any current adverse gastrointestinal side effects. Under these conditions, a PPI is not warranted. In conclusion, there is no evidence to support the use of Prilosec in this patient. Prilosec is not medically necessary.