

Case Number:	CM15-0170174		
Date Assigned:	09/10/2015	Date of Injury:	03/04/2014
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male who sustained an industrial injury on 3-4-14 while loading and unloading baggage resulting in neck, mid and low back pain. Diagnoses include lumbosacral sprain, strain; neck sprain, strain; thoracic sprain, strain; right ankle sprain, strain; right ankle internal derangement; right carpal tunnel syndrome; medication induced gastritis (per 7-8-15 diagnosis). He currently (7-21-15) complains of continued low back pain (8 out of 10), right ankle pain with weight-bearing and cervical pain (5 out of 10, 7-2015 note). His is most concerned with his back pain. On physical exam of the cervical spine there was tenderness to palpation bilaterally with muscle rigidity, numerous trigger points palpable and decreased range of motion; lumbar spine there was guarding and tenderness noted with palpable trigger points, decreased range of motion; right ankle tenderness on palpation. Diagnostics included electromyography, nerve conduction study of the right upper extremity (4-21-15) showed normal electromyography, nerve conduction study showed moderate right median sensory neuropathy at the wrist and right ulnar sensory neuropathy with possible site of lesion at the elbow; abnormal MRI of the lumbar and cervical spine (5-16-14). Treatments include medications: Ultram, Prilosec, Anaprox, Fexmid; physical therapy; acupuncture; lumbar epidural steroid injection (5-2014). The request for authorization dated 7-2-15 included Prilosec 20mg #60. On 8-6-15 utilization review evaluated and non-certified the request for Prilosec 20mg #60 based on no documented effects from the medications he is taking to indicate the need for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, sixty count: Overturned

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: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: 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. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" Per progress report dated 7/8/15 it is noted that the injured worker does have medication induced gastritis and is taking Anaprox DS 550mg. I respectfully disagree with the UR physician, the request is medically necessary.