

Case Number:	CM15-0029614		
Date Assigned:	02/23/2015	Date of Injury:	12/15/2008
Decision Date:	06/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/17/2015

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 59-year-old male, who sustained an industrial injury on 12/15/08. On 2/17/15, the injured worker submitted an application for IMR for review of Pharmacy purchase of Prilosec 20mg #30 with 4 refills. The treating provider has reported the injured worker complained of ongoing right knee pain. The diagnoses have included right knee osteoarthritis, chondromalacia patella. Treatment to date has included status post right knee meniscectomy (2009), injection, MRI right knee (12/12/14), Supartz series of 3 (1st on 6/19/14). On 1/12/15 Utilization Review non-certified of pharmacy purchase of Prilosec 20mg #30 with 4 refills. The MTUS Guidelines were cited. A letter of appeal dated 1/21/15 notes that the injured worker gets increased reflux and stomach irritation. It is noted that Prilosec helps with stomach upset from Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Prilosec 20mg #30 with 4 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): (s) 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

Decision rationale: Per the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). According to ODG, proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. Prilosec is considered first line proton pump inhibitor. In this case, the injured worker is followed for chronic pain and is being prescribed non-steroidal anti-inflammatory medications. The injured worker has reported increased reflux and stomach irritation. The injured worker also has reported that this medication helps stomach upset associated with Ibuprofen. The request for Prilosec is therefore supported. The request for pharmacy purchase of Prilosec 20mg #30 with 4 refills is medically necessary.