

Case Number:	CM15-0042324		
Date Assigned:	03/12/2015	Date of Injury:	10/08/2004
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation

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 51 year old female who sustained an industrial injury on 10/08/2004. Treatment to date includes lumbar epidural steroid injections, physical therapy, acupuncture, aqua therapy, TENS, hot and cold packs, home exercise program and oral medications. She presents on 01/29/2015 for follow up of chronic neck and back pain. She reports physical therapy has gone well and she feels stronger. She states Norco reduces her pain and allows her to sit and stand for longer periods of time. Gastrointestinal review noted constipation without heartburn, nausea, abdominal pain, black tarry stools or vomiting. In the progress note dated 12/08/2014 the provider noted the injured worker complained of constipation, nausea and black tarry stools. She is on a baby aspirin twice a day. Diagnoses were cervical disc displacement, lumbar disc displacement without myelopathy and lumbago. The plan of treatment was for pain medication and Prilosec DR 20 mg capsule one daily # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The 51 year old patient complains of pain in neck and back due to cervical and lumbar disc displacement, as per progress report dated 01/29/15. The request is for PRILOSEC DR 20 mg # 30. The RFA for this case is dated 02/02/15, and the patient's date of injury is 10/08/04. Diagnoses, as per progress report dated 01/29/15, included cervical disc displacement, lumbar disc displacement, and lumbago. The patient's status has been determined as permanent and stationary with permanent disability, as per progress report dated 12/08/14. MTUS pg 69 states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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 of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, a prescription of Prilosec is first noted in progress report dated 05/20/14, and the patient has been using the medication consistently at least since then. None of the progress document its need. However, in UR denial letter dated 03/05/15 after the UR denial date, the treating physician states that the patient was taking Naprosyn and Prilosec until her cardiologist recommended against its use. Currently, the patient is taking baby aspirin, and is experiencing GI issues including black tarry stools, constipation, nausea and gastritis. Prilosec helps "protect gastric mucosa from insult and damage from oral medications. The patient does find Prilosec to be helpful." Given the GI risk and concurrent use of Aspirin, the request for Prilosec IS medically necessary.