

Case Number:	CM15-0063872		
Date Assigned:	04/09/2015	Date of Injury:	03/31/2000
Decision Date:	05/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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, Hawaii
 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 65 year old male, who sustained an industrial injury on 03/31/2000. He reported injuries to his lower back and right foot. The injured worker is currently diagnosed as having lumbar radiculitis, functional decline, and tibial tendinitis. Treatment to date has included right ankle surgery, right leg MRI, right foot MRI, low back MRI, injections, physical therapy, acupuncture, chiropractic treatment, psychotherapy, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 02/13/2015, the injured worker presented with complaints of pain in the neck, lower back, both shoulders, both arms, right hand, right leg, right ankle, and right foot. The treating physician reported requesting authorization for Prilosec for gastrointestinal prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 69.

Decision rationale: The patient presents with pain affecting the lower back. The current request is for Prilosec 20mg #60. The treating physician states, "Authorization for the following medication is requested: We will add gastrointestinal prophylaxis with Prilosec 20mg p.o. b.i.d. #60 to decrease the risk of gastrointestinal irritation and as prophylaxis against peptic ulcer disease." (81B) The MTUS guidelines recommend proton pump inhibitors (PPI) for the treatment of dyspepsia secondary to NSAID therapy. In this case, the treating physician documents that the patient is taking Baclofen, Meloxicam (NSAID), Zolpidem, Clonazepam, Cymbalta, Famotidine, Losartan, Simvastatin, Atenolol, and Nifedipine and has documented that the patient is reporting to have dyspepsia, bowel and bladder problems (77B). The current request is medically necessary and the recommendation is for authorization.