

Case Number:	CM15-0077876		
Date Assigned:	04/29/2015	Date of Injury:	04/17/2009
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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 04/17/2009. He reported that while crawling into the back of a truck the injured worker fell onto his left knee experiencing severe pain and swelling. The injured worker was diagnosed as having osteoarthritis of the left knee. Treatment to date has included status post left total knee arthroplasty, chest x-ray, left knee x-ray, and medication regimen. In a progress note dated 03/11/2015 the treating physician reports minimal discomfort with less pain when the injured worker walks, stands, and sits. The treating physician requested the medication Prilosec, but the documentation provided did not indicate the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 5 refills, one every morning prescribed, 3/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Prilosec (Omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69.

Decision rationale: According to 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). In this case, the injured worker is noted to be a 59-year-old male with no indication of history of peptic ulcer, G.I. bleeding or perforation. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. While it is noted that the injured worker is being prescribed non-steroidal anti-inflammatory medication, the medical records do not establish that the injured worker is at risk for gastrointestinal events. The request for Prilosec 20mg #30 with 5 refills, one every morning prescribed, 3/11/15 is not medically necessary and appropriate.