

Case Number:	CM15-0090719		
Date Assigned:	05/15/2015	Date of Injury:	07/23/2007
Decision Date:	06/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male, who sustained an industrial injury on 07/23/2007. According to an operative report dated 09/23/2014, the injured worker suffered a work related injury and subsequently developed multiple gastrointestinal symptoms including heartburn, abdominal pain, constipation and rectal bleeding and was referred for diagnostic endoscopy and colonoscopy. He underwent an esophagogastroduodenoscopy and colonoscopy. Postoperative diagnoses included gastritis and internal hemorrhoids. On 10/02/2014, the gastroenterologist recommended Dexilant, Amitiza, Hydrocortisone suppositories, Miralax and Prevacap. According to a progress report dated 02/23/2015, the injured worker reported improved epigastric abdominal pain and improved constipation daily with unchanged bright red blood per rectum. Bowel sounds were normoactive. Medications included Amitiza, Dexilant, preparation H cream, hydrocortisone suppository and probiotics. The injured worker was advised to avoid nonsteroidal anti-inflammatory medications. On 03/27/2015, the injured worker was seen by pain management. Subjective complaints included back and lower extremity pain, anxiety, stress and insomnia. Diagnoses included cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, lumbar fusion and status post op arthroscopic knee surgery. Treatment plan included Norco, topical compound cream, Prilosec to protect stomach lining, home interferential stimulator and surgical consult for the cervical spine. The injured worker was temporarily totally disabled. Currently under review is the request for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec capsules 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 07/23/2007. The medical records provided indicate the diagnosis of cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, lumbar fusion and status post op arthroscopic knee surgery. Treatment plan included Norco, topical compound cream, Prilosec to protect stomach lining, home interferential stimulator and surgical consult for the cervical spine. The medical records provided for review do not indicate a medical necessity for Prilosec capsules 20mg #30. Prilosec (Omeprazole) is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the regimen of individuals at risk for gastrointestinal events who are being treated with NSAIDs. The records indicate the injured worker suffers from gastritis, but at the time of this request the injured worker made no complaint about abdominal discomfort, neither was the injured worker placed on Oral NSAID. Although the injured worker was given an NSAID containing topical analgesic, such agents are not recommended as topical analgesics. Therefore, based on the fact that this individual with gastritis is not currently being treated with oral NSAIDs, the requested treatment is not medically necessary.