

Case Number:	CM14-0142784		
Date Assigned:	09/10/2014	Date of Injury:	12/03/2013
Decision Date:	08/13/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/02/2014

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:

This 54 year old man sustained an industrial injury on 12/3/2013. The mechanism of injury is not detailed. Evaluations include left wrist MRI arthrogram dated 2/5/2014 and lumbar spine MRI dated 2/5/2014. Diagnoses include persistent left wrist pain and low back pain. Treatment has included oral medications. Physician notes dated 7/14/2014 show a follow up appointment for medication refills. The worker complains of low back pain ranging from 0-3/10 and left wrist pain ranging from 5-8/10. Recommendations include Norco, Prilosec, physical therapy, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg tablet, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill, 2010.

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

Decision rationale: This injured worker receives treatment for chronic L wrist pain and low back pain. The patient takes Relafen, an NSAID. This review addresses a request for Prilosec. Prilosec is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDS. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Prilosec is not medically necessary.