

Case Number:	CM13-0006035		
Date Assigned:	10/09/2013	Date of Injury:	10/18/2008
Decision Date:	02/07/2014	UR Denial Date:	07/28/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old male who reported injury on 10/18/2008. The stated mechanism of injury was that the patient was pushing a loaded pallet jack out of his 18-wheeler and 1 of the wheels got caught in the channels of the floor, so the patient had to break it free. The patient was noted to have complaints of severe pain with 6/10 in severity to his low back with radiation to the buttocks and the legs with associated numbness in the legs. The patient's diagnosis was noted to be postlaminectomy syndrome lumbar region. The request was made for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: California MTUS recommends proton pump inhibitors such as Prilosec for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to support the necessity for the medication, as there no indication of the efficacy of the medication, as well as a lack of documentation indicating the patient had signs

and symptoms of dyspepsia to support ongoing use. Given the above, the request for prospective request for 1 prescription of Prilosec 20mg, #60, is not medically necessary.