

Case Number:	CM13-0021269		
Date Assigned:	10/11/2013	Date of Injury:	07/31/2006
Decision Date:	04/17/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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/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 32-year-old male who reported injury on 07/31/2006. The mechanism of injury was noted to be the patient was carrying a 24-foot beam with the help of 3 coworkers onto a second floor and when the patient stepped out onto the second floor, the patient's coworkers let go of the beam causing the beam to throw the patient's body forward and the patient fell to the first floor. He fell approximately 16 feet total. The patient's medications included Omeprazole as of 06/19/2008. The most recent documentation submitted for review was dated 06/10/2013. The patient indicated that they had an exacerbation of the symptoms. The patient's diagnoses were noted to include discogenic low back pain with left lower extremity radiculopathy. The submitted request was for Prilosec 20 mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PRILOSEC 20MG #30 WITH 1 REFILL: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the patient had signs and symptoms of dyspepsia. Additionally, the patient was noted to be taking the medication since 2008. There was a lack of documentation regarding the efficacy of the requested medication. The request as submitted was with 1 refill. There was lack of documentation indicating a necessity for a refill without re-evaluation. Given the above, the request for 1 prescription of Prilosec 20 mg #30 with 1 refill is not medically necessary.