

Case Number:	CM13-0030111		
Date Assigned:	03/03/2014	Date of Injury:	08/17/2007
Decision Date:	04/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/26/2013

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 Preventive Medicine, 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:

According to the records made available for review, this is a 44-year-old male with an 8/17/07 date of injury. At the time (8/21/13) of request for authorization for consultation and treatment with pain management and Prilosec 20mg #60, there is documentation of subjective (increased pain in the lower back radiating down both legs, numbness in the thighs, and pain over the bilateral knees) and objective (patient in wheelchair, tenderness over the lumbar spine, limited lumbar spine range of motion, and positive McMurray's bilateral knees) findings, current diagnoses (lumbar sprain with lower extremity radiculitis, disc bulges L2-3, L3-4, L4-5 and L5-S1, and medial meniscal tears both knees), and treatment to date (medications (including ongoing treatment with Ultram, Norco, and Prilosec), and a H-wave unit). Regarding consultation and treatment with pain management, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding Prilosec 20mg #60, there is no documentation of a risk of gastrointestinal events such as a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION AND TREATMENT WITH PAIN MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain with lower extremity radiculitis, disc bulges L2-3, L3-4, L4-5 and L5-S1, and medial meniscal tears both knees. However, given no documentation of a rationale identifying the medical necessity for a pain management consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the employee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for consultation and treatment with pain management is not medically necessary.

PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain with lower extremity radiculitis, disc bulges L2-3, L3-4, L4-5 and L5-S1, and medial meniscal tears both knees. In addition, there is documentation of ongoing treatment with Prilosec. However, there is no documentation of risk of gastrointestinal events such as a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #60 is not medically necessary