

Case Number:	CM13-0043386		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2012
Decision Date:	05/02/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with a slip and fall industrial injury of September 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reported return to work as a waiter; unspecified amounts of acupuncture; and unspecified number of epidural steroid injections. In a Utilization Review Report of September 24, 2013, the claims administrator approved a request for Norco, approved a request for Naprosyn, and denied a request for Omeprazole, citing a lack of any GI symptoms. In a progress note of September 17, 2013, the applicant was described as presenting with persistent low back pain. Norco, tramadol, Flexeril, Naprosyn, and Prilosec were endorsed. There was no mention of any signs of reflux, heartburn, or dyspepsia. On September 20, 2013, the applicant was described as presenting with low back pain, was reportedly working, and was described as apparently intent on pursuing an epidural steroid injection. Earlier notes of June 25, 2013 and April 29, 2013 are also surveyed. Once again, there is no mention of any issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 PRILOSEC 20MG OD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitor such as Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any active symptoms of reflux, dyspepsia and/or heartburn for which ongoing usage of Prilosec would be indicated. Therefore, the request is not certified, on Independent Medical Review.