

Case Number:	CM13-0044610		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2004
Decision Date:	05/22/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 40-year-old male who reported an injury on 10/05/2004. The mechanism of injury was not provided for review. The injured worker ultimately underwent fusion surgery secondary to a burst fracture of the L4. It was documented that the injured worker was fused from the L4-5 to the L4-5. The injured worker had ongoing chronic pain complaints. The injured worker's medication schedule included OxyContin 20 mg, Norco 10/325 mg, halcyon 0.25 mg, Xanax 0.25 mg, Prilosec 20 mg, Soma 350 mg, Neurontin 600 mg, Dendracin topical analgesic, Cialis 20 mg, Gralise 1800 mg, Cymbalta 30 mg, Topamax 50 mg, and androgen gel. The clinical documentation indicated that the injured worker had been stable on these medications since at least 01/2013. An evaluation dated 09/25/2013 documented that the injured worker had ongoing chronic low back pain. Physical findings included tenderness to palpation along the lumbar musculature with significantly decreased range of motion secondary to pain. The injured worker had decreased sensation along the L5 distribution. The injured worker's treatment plan included a 7-day inpatient detoxification program, cognitive behavioral therapy, and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF PRILOSEC 20MG #60:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk, Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The retrospective request for a prescription of Prilosec 20 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does indicate that the injured worker has been using medications to control chronic pain for an extended duration of time. However, an adequate assessment of the injured worker's gastrointestinal system to assess the injured workers continued level of risk of developing gastrointestinal events due to medication usage is not provided. As such, the retrospective request for a prescription of Prilosec 20 mg #60 is not medically necessary or appropriate.