

Case Number:	CM13-0049777		
Date Assigned:	04/25/2014	Date of Injury:	11/16/1999
Decision Date:	07/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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:

This is a 61-year-old male patient with a 11/16/1999 date of injury. A 10/17/2013 office report indicated that the patient still had intermittent spasms and pain down the legs with numbness and tingling. Treatment included Norco, Trazodone and Prilosec. Objective findings showed that the patient had difficulty in standing from sitting position. There was tenderness along the lumbar paraspinal muscles bilaterally. Lumbar flexion was 30 degrees, and extension is 20 degrees. He had low back pain with radicular pain into the legs, left greater than right, due to a left L5 radiculopathy that has resolved with left L5-S1 transforaminal epidural injection. He was diagnosed with mid back strain. There is documentation of a previous 10/28/2013 adverse determination; because there was no comment related that the needs for PPI for treating gastric symptoms associated with the medication used in treating this industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60 WITH REFILLS X3: Upheld

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

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

Decision rationale: The MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no history of GI events, report of GI complaints, or indication that the patient is on chronic NSAID use. Therefore, the request for Prilosec 20MG #60 with refills X3 was not medically necessary.