

Case Number:	CM13-0050742		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2011
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Practice 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:

The patient is a 52-year-old female who reported an injury on 07/08/2011 while she transported a patient. The patient reportedly sustained an injury to the right shoulder and left knee. Prior treatments included physical therapy, medications, acupuncture, and a home exercise program. The patient's most recent clinical examination revealed moderate to severe tenderness to palpation of the low back with pain radiating into the lower extremities rated at a 5/10 to 6/10 with medications, and an 8/10 to 9/10 without medications. The patient's diagnoses included right shoulder sprain/strain, disc herniation with radiculopathy at the L4-5 and L5-S1, and status post revision knee surgery. The patient's treatment plan included continuation of a weight loss program, and medications to include tramadol, Anaprox, Fexmid, Norco, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Prilosec 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances due to medication usage. The clinical documentation submitted for review does provide evidence that the patient has chronic pain that is managed with multiple medications. However, the patient's clinical documentation did not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for developing gastrointestinal disturbances related to medication usage. Therefore, the use of this medication is not indicated. As such, the requested Prilosec 20 mg #60 is not medically necessary or appropriate.