

Case Number:	CM13-0051844		
Date Assigned:	12/27/2013	Date of Injury:	09/02/1998
Decision Date:	04/24/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal 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 patient is a 58 year old male who was injured on 09/28/1998 with unknown mechanism of injury. Prior treatment history has included medications such as Norco 10/325 mg #100, Prilosec 20 mg #30, and Anaprox 550 mg #60. Clinic note dated 09/09/2013 documented the patient to have complaints of persistent low back pain, episode of spasm, complaints of bilateral knee pain with the left being worse, has pain level at a 4 for the right knee and a 6 for the left knee. The patient has not had any other injury. The patient is complaining of night calf cramps, which is increasing in frequency and intensity. The patient continues to be treated with his PMD for HTN. On exam, the patient had tenderness noted in the lower lumbar spine. Active range of motion of the lumbar spine revealed: Flexion: 45 degrees. Extension: 10 degrees. Lateral bending: 25 degrees, bilaterally. Tenderness was noted in the medial joint of the right and left knee with +1 effusion in the left knee. The patient was diagnosed with status post internal derangements, right knee; status post internal derangement, left knee; status post surgery, operative report not available, right knee; status post surgery, left knee, operative report not available; strain/sprain lumbar spine with disc bulging. None of the records provided mention that the patient is having subjective gastrointestinal complains of dyspepsia, gerd or abdominal pain. There is no documentation that the patient has a history of these issues, or history of gastrointestinal bleeding. No is no objective abdominal exam provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #30 WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: As per CA MTUS guidelines, Prilosec is a proton pump inhibitor recommended for the patient is at intermediate risk for gastrointestinal events or for treatment of dyspepsia secondary to NSAID therapy. According to the medical records available, there is no documentation of this patient having GI complaints or events such as abdominal pain or ulcers. In the absence of GI risk factors, the request for Prilosec 20 mg with three refills is not medically necessary.