

Case Number:	CM13-0054196		
Date Assigned:	12/30/2013	Date of Injury:	11/20/2012
Decision Date:	05/02/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 injured worker reported an injury on 11/20/2012. The mechanism of injury involved a fall. The injured worker is currently diagnosed with lumbar spine sprain and strain with degenerative disc disease, lumbar spine facet arthropathy, and left lower extremity radiculopathy. The injured worker was evaluated on 08/15/2013. The injured worker reported improvement following chiropractic therapy. Physical examination on that date revealed difficulty walking and stiffness. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG #30 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors

for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is non-certified.