

Case Number:	CM13-0066740		
Date Assigned:	01/03/2014	Date of Injury:	07/02/2002
Decision Date:	05/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 & 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 is a 55-year-old male who reported an injury on 07/02/2002. The mechanism of injury was not provided. Current diagnoses include thoracic/lumbosacral neuritis/radiculitis, brachial neuritis/radiculitis, carpal tunnel syndrome, lesion of the ulnar nerve, chronic pain syndrome, and depression with anxiety features. The injured worker was evaluated on 11/25/2013. The injured worker reported persistent lower back pain. Current medications included Abilify, Paxil, Prilosec, hydrocodone, and Zanaflex. Physical examination revealed tightness in the paracervical musculature bilaterally, tenderness to palpation, moderately decreased kyphosis, weak grip strength on the left, moderately decreased lordosis, tenderness of the lumbar spine, sciatic notch tenderness on the left, and limited lumbar range of motion. Treatment recommendations at that time 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 OTC 20MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 68.

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

Decision rationale: MTUS Chronic Pain 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 documentation in the medical records provided for review of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.