

Case Number:	CM13-0069886		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2000
Decision Date:	10/02/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52 year old male who reported an injury on 05/03/2000. The mechanism of injury was not provided. His diagnoses were listed as chronic thoracic sprain or strain, lumbar degenerative disc disease, and anxiety. The past treatment included medication. There were no diagnostic studies provided. The surgical history included an intradiscal electrothermal therapy procedure to the L5-S1 level and a right shoulder distal claviclectomy. On 12/04/2013, the injured worker complained of a flare-up of back pain that radiated into his left leg, and he rated it at a 6/10. Upon physical examination, the injured worker was noted to have pain, tenderness, trigger points, and spasms of his lumbar spine. His medications were listed as ibuprofen or advil reportedly taken ten times a day. The treatment plan was to dispense medications and to pursue a NCV/EMG to the lower extremities. A request was received for 90 Prilosec 20mg. The rationale for the request was to protect his stomach. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Disease.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Disease Page(s): 68.

Decision rationale: The California MTUS Guidelines state that use of omeprazole may be recommended for patients taking NSAIDs who are at increased risk for gastrointestinal events or for those with dyspepsia related to NSAID use. The injured worker has been using an NSAID at least since Decemeber of 2013; however, there has been no documentation with evidence of a risk of gastrointestinal event. In the absence of documentation noting a significant history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants, or documentation indicating the the injured worker had complaints of dyspepsia related to NSAID use, the request is not supported. In addition, the request, as written, does not indicate a frequency. Therefore, the request for 90 prilosec 20 mg is not medically necessary.