

Case Number:	CM13-0071535		
Date Assigned:	02/21/2014	Date of Injury:	12/20/2005
Decision Date:	06/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 57 year old male who reported an injury on 12/20/2005. The mechanism of injury was a trip and fall 4 feet on steps landing on his left knee. The clinical note dated 10/21/2013 reported the injured worker noted he was doing better. The injured worker complained of low back pain, associated with shooting pain down into left leg and pain to the left knee. The injured worker continued to struggle with long distance walking and had been using an electrical wheelchair. The injured worker noted the pain was unchanged and described as a sharp, stabbing and miserable in nature. The injured worker rated pain at 8/10. The injured worker also reported left ankle pain and swelling. The diagnoses included chronic low back pain, left knee pain s/p arthroscopy surgery. The provider requested a refill of medications, an MRI of the lumbar spine, left knee, and left ankle, a power scooter, Norco 10/325 6 per day, #180 prn for pain, Voltaren 100 mg 1 po bid #60, Neurontin 300 mg tid #90 and Prilosec 20 mg 1 po bid # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60: 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
Page(s): 69.

Decision rationale: The California MTUS recommends Proton Pump Inhibitors (PPI's) for the treatment of dyspepsia secondary to NSAID therapy. The duration of use could not be established through the supplied documentation. There was a lack of documentation indicating the injured worker had signs or symptoms of dyspepsia. The request as submitted failed to include the quantity and frequency for the requested medication. Given the above, the request for Prilosec 20 mg # 60 is not medically necessary.