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| Case Number: | CM14-0000101 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 04/06/2006 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

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 Geriatrics and is licensed to practice in New York. 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 48 year old man with a date of injury of 4/6/06. He was seen by his primary treating physician on 11/26/13 complaining of terrible pain and inability to sleep. He had restarted butrans patches for pain and described burning in his low back and into his legs. He also was receiving soma, lidoderm patches, celebrex, cymbalta, trazadone and tramadol and butrans. His physical exam showed tenderness to palpation in his low back with near normal lumbar spine range of motion. He had no significant weakness and sensation was decreased in the left L5 distribution. His diagnoses were chronic low back pain with multiple levels of disc disorders, left lumbar radiculopathy and depression. The prilosec is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 64.

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

Decision rationale: This worker has chronic back pain with minimal limitations noted on physical examination. Her medical course has included use of several medications including

NSAIDs. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he is at high risk of gastrointestinal events to justify medical necessity of omeprazole. The request for Prilosec 20mg is not medically necessary.