

Case Number:	CM14-0000321		
Date Assigned:	01/10/2014	Date of Injury:	08/29/2012
Decision Date:	06/16/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice, and is licensed to practice in Texas. 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 who reported an injury on August 29, 2012 after a trip and fall. The injured worker's treatment history included chiropractic care, acupuncture, epidural steroid injections, multiple medications, trigger point injections, and a lumbosacral brace. Current medications included Norco 10/325 mg, Anaprox 550 mg, Flexiril 7.5 mg, and Prilosec 20 mg. The injured worker was evaluated on December 2, 2013. Physical findings included restricted range of motion of the lumbar spine with tenderness to palpation over the paravertebral musculature and sciatic notch. The injured worker had 4/5 motor strength in the ankle in ankle flexion. It was also noted that the injured worker had decreased sensation in the L4-5 dermatomal distribution with a positive right-sided straight leg raising test. The injured worker's diagnoses included lumbo-myoligamentous injury, right lower extremity radiculopathy, left knee medial meniscal tear, and right knee medial meniscal tear. The injured worker's treatment plan included continuation of medications and x-rays to assess for instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG, SIXTY COUNT, PROVIDED ON DECEMBER 2, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section, Page(s): 68-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nono-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends ongoing use of gastrointestinal protectants be supported by documentation of risk factors of development of gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide and adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal disturbances related to medication usage. Therefore, continued use of this medication would not be supported. Also, the request as it submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. The request for Prilosec 20 mg, sixty count, provided on December 2, 2013, is not medically necessary or appropriate.