

Case Number:	CM14-0001597		
Date Assigned:	01/22/2014	Date of Injury:	06/01/1999
Decision Date:	03/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, 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 physician 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 patient is a 50-year-old female who was injured on June 1, 1999. The patient continues to experience lumbar spine pain. MRI of the lumbosacral spine, done on April 22, 2012, showed status post posterior fixation of L5-S1, disc and facet disease at L5-S1 and degenerative disc disease at T12-L1. Diagnoses included cervical fusion, lumbar fusion, right shoulder impingement syndrome, and morbid obesity. Treatment included medications. Requests for authorization for Prilosec 20 mg twice daily # 30, Flexeril 10 mg 2 tabs at bedtime # 60, Flexeril 5 mg 2 tabs at bedtime, # 60, and Ambien 10 mg at bedtime #30 were submitted on December 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg twice a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation California Division of Worker's Compensation/Medical Treatment Utilization Schedule/2009

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

Decision rationale: Prilosec is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using the selective COX-2NSAID, Celebrex. However she did not have any of the risk factors for a gastrointestinal event. The medication is not indicated.