

Case Number:	CM14-0006344		
Date Assigned:	02/07/2014	Date of Injury:	06/14/2005
Decision Date:	06/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 Utah. 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 patient is a now 56-years-old with a date of injury of June 14, 2005. The mechanism of injury was when the patient slipped and fell on the stairs during a delivery. The patient has been diagnosed with low back pain, sciatica pain, post-laminectomy syndrome, lumbar disc disease and lumbar radiculitis. The patient's treatments have included surgery, injections, physical therapy, E-stim, massage and medications. The physical exam findings show that he walked with an altered gait and a limp on the left side. There was a midline scar on his back. He was also noted to have a flattening lumbar lordosis. His range of motion was diminished. His straight leg raise was positive bilaterally. He was also noted to have weakness in the extensor hallucis longus. Medications include, but are not limited to, Norco, Trazodone, and Percocet. It is unclear according to the clinical documents if the patient was taking Prilosec previously and what the outcomes of that medication were.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK, 68-69

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. CHRONIC PAIN MEDICAL, , 67-69

Decision rationale: According to the clinical documents, there is no mention that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. Review of systems under GI was reported as normal. According to the Chronic Pain Medical Treatment Guidelines, increased risk is defined as: (1) age greater than 65 years; (2) history of peptic ulcer, GI (gastrointestinal) bleeding or perforation; (3) concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID [non-steroidal anti-inflammatory drugs](e.g., NSAID + low-dose ASA). The request for Prilosec 20mg, sixty count, is not medically necessary or appropriate.