

Case Number:	CM14-0007058		
Date Assigned:	02/07/2014	Date of Injury:	11/09/1993
Decision Date:	06/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/18/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 61-year-old female who was injured on November 9, 1993. The mechanism of injury is not documented. On December 23, 2013, claim is documented as presenting for follow-up with continued pain. Two postoperative physical therapy visits are documented as having been completed. In reviewing the medication list, there is no indication that anti-inflammatories are being utilized. The physical examination indicates that the incision is well healed the neurologic exam is intact, there is arthrofibrosis of the left hand and digits, and cervical range of motion is "smoother." Diagnoses include failed back surgery syndrome, status post L3-S1 AP Fusion, but sacroiliac dysfunction, status post left shoulder scope, left hand arthrofibrosis, and status post C4-7 ACDF. The utilization review in question was rendered on December 22, 2013. The reviewer noncertified the requests indicating that there was no documentation and anti-inflammatory was concurrently being utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 40 MG X 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Medical Treatment Utilization Treatment (MTUS) supports the use of proton pump inhibitors for individuals that are at increased risk of gastrointestinal complications when utilizing NSAIDs. Based on clinical documentation provided, the injured worker is not currently utilizing anti-inflammatories. As such, the request is considered not medically necessary.