

Case Number:	CM14-0105857		
Date Assigned:	07/30/2014	Date of Injury:	08/01/2004
Decision Date:	09/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 45-year-old male with date of injury 8/1/2004. The mechanism of injury is stated as hurting his back while moving a refrigerator. The patient has complained of lower back pain since the date of injury. He has been treated with physical therapy, acupuncture, epidural corticosteroid injections and medications. There are no radiographic data included for review. Objective: tenderness to palpation of the bilateral paraspinous lumbar musculature, tenderness to palpation of the left sciatic notch, decreased sensation of L5 dermatome on the left. Diagnoses: lumbar spine disc disease, lumbar radiculopathy, lumbar facet syndrome. Treatment plan and request: Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk, pages 67-68 Page(s): 67-68.

Decision rationale: This 45-year-old male has complained of lower back pain since date of injury 8/1/2004. He has been treated with physical therapy, acupuncture, epidural corticosteroid

injections and medications. The current request is for Prilosec. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary.