

Case Number:	CM14-0106088		
Date Assigned:	07/30/2014	Date of Injury:	07/05/2007
Decision Date:	09/23/2014	UR Denial Date:	07/01/2014
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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a male with date of injury 7/5/2007. Per primary treating physician's progress note dated 6/24/2014, the injured worker complains of neck pain radiating into right trapezius muscle with numbness in the right hand, low back pain, bilatera knee pain and right heel pain. He describes his pain as squeezing, cramping, deep and rated at 3-6/10. Medications reduce pain from 7/10 to 3/10. His pain is constant. He reports muscle spasm, numbness and tingling, and limited movement. He is currently not working. On examination he still walks with an externally rotated gait on the right using a single point cane, with positive Pes and Planas bilaterally. There is pain in the Achilles insersion on the right. There is swelling of the right knee with limited range of motion due to stiffness and pain. He continues to have neck and low back pain. Diagnoses include 1) degenerative joint disease of the knee, chronic and unstable 2) lumbar sprain/strain, chronic and unstable 3) cervical disc degeneration, chronic and unstable 4) chronic pain syndrome, unstable.

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 & Cardiovascular Risk Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. The requesting physician reports that Prilosec decreases the injured worker's dyspepsia due to chronic medication use. Review of the medical reports provided does not indicate that the injured worker has experienced gastritis or reflux disease as a result of medication use. He is 63 years old, and there are no risk factors identified that would increase his risk of gastrointestinal event with the use of NSAIDs, and it does not appear that he is taking NSAIDs.