

Case Number:	CM14-0108119		
Date Assigned:	08/04/2014	Date of Injury:	06/10/2010
Decision Date:	10/14/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 33-year-old female who reported an injury on 06/10/2010 of unspecified mechanism of injury. The injured worker complained of lumbar spine pain. The injured worker had diagnoses of lumbar radiculitis, lumbar facet joint pain, lumbosacral joint pain, opioid dependence, and morbid obesity. The prior surgical procedures included a L5-S1 microdiscectomy. The past treatments included lumbar facet medial branch block injections and medication. The physical examination dated 05/29/2014 of the lumbar spine revealed alignment and curvature was grossly normal, bilateral facet was diffusely tender, bilateral sacroiliac joints were tender. Range of motion was full with pain. The Kemp's positive, Patrick's test positive, Braggard's was positive bilaterally, Valsalva was negative. Straight leg raise negative bilaterally. The neurological examination revealed intermittent sensory numbness and pain to the right L5 distribution. Deep tendon reflexes were 2/4 to the bilateral patellar and Achilles. The medications included Lortab 7.5/500, Amitriptyline 25 mg, Neurontin 600 mg, and Prilosec 20 mg. The treatment plan included Prilosec 20 mg. The Request for Authorization dated 08/04/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60, 1 tablet every 12 hours for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of non-steroidal anti-inflammatory drugs, and a history of peptic ulcers. There is also a risk of long-term utilization of the proton pump inhibitors greater than 1 year which has been shown to increase the risk of hip fracture. The clinical notes indicated the injured worker had a gastric bypass recently; however, the clinical notes were not evident of any gastrointestinal bleeding, profusions or peptic ulcers. The request did not indicate the frequency. As such, the request is not medically necessary.