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| Case Number: | CM14-0011096 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 07/11/1998 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 58-year-old female who has submitted a claim for lumbar postlaminectomy syndrome, cervical herniated nucleus pulposus with radiculopathy, and medication-induced gastritis associated with an industrial injury date of July 11, 1990. Medical records from 2013 to 2014 were reviewed. Patient complained of back pain radiating to bilateral lower extremities aggravated by twisting, bending, and turning. Patient likewise complained of neck pain radiating to right upper extremity. Patient experienced gastrointestinal discomfort, diarrhea and abdominal cramping. Physical examination revealed tenderness and restricted range of motion at cervical and lumbar spine. Deep tendon reflexes were decreased at the right lower extremity. Sensation was diminished at posterior lateral calf, right. Computerized tomography (CT scan) scan of the abdomen on January 15, 2014 revealed no evidence of acute process in the abdomen and pelvis. Treatment to date has included L5-S1 laminectomy/discectomy in 1999, L5 to S1 total disc arthroplasty in 2005, spinal cord stimulator implant, cholecystectomy in 2012, acupuncture, trigger point injection, and medications such as oxycodone, Norco, Valium, Ambien, Prilosec, and cyclobenzaprine. Utilization review from January 16, 2014 denied the request for Prilosec 20mg, #120 for side effects of medications because dosage was too high for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG #120 FOR SIDE EFFECTS OF MEDICATIONS FAKE FOR CERVICAL AND LUMBAR SPINE DISORDER: Overturned

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 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for Non-steroidal Anti-inflammatory Drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient complained of gastrointestinal distress associated with chronic use of multiple pain medications. Patient has been on Prilosec 20mg BID since June 2013. Guideline criteria were met. Therefore, the request for Prilosec 20 mg #120 for side effects of medications fake for cervical and lumbar spine disorder is medically necessary.