

Case Number:	CM14-0120864		
Date Assigned:	08/08/2014	Date of Injury:	11/08/2012
Decision Date:	10/08/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/31/2014

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 41-year-old female who reported an injury on 11/08/2012. The mechanism of injury was not provided for review. She was diagnosed with lumbago. Her past treatments were not specified in the medical records. On 06/25/2014, the injured worker presented with complaints of lumbar spine pain. Her physical examination revealed tenderness of the lumbar region. Her medications were noted to include Anaprox, Prilosec, and Flexeril. It was recommended that she continue her medication. A request was received for Prilosec 20 mg #30/1 bottle. The rationale for the request was not provided. The Request for Authorization was submitted for review but was not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 / 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, proton pump inhibitors may be recommended for patients taking NSAID medications who have been shown to

be at increased risk for gastrointestinal events or for patients with complaints of dyspepsia related to NSAID use. The clinical information submitted for review indicated that the injured worker was utilizing Anaprox. However, there was no documentation indicating that she had dyspepsia or increased risk factors for gastrointestinal events. In the absence of this information, continued use of Prilosec is not supported. In addition, the documentation did not provide details regarding the duration of use of Prilosec or outcome in terms of symptom relief. Furthermore, the request as submitted did not indicate a frequency. For the reasons noted above, the request is not medically necessary.