

Case Number:	CM14-0138114		
Date Assigned:	09/05/2014	Date of Injury:	07/22/2008
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 and is licensed to practice in Texas. 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 medical records reflect the claimant is a 70 year old female who sustained a work injury on 7-22-08. Office visit on 7-22-14 notes the claimant has low back pain with radiation to bilateral lower extremities. On exam, the claimant has an antalgic gait. A straight leg raise test is 45 degrees on the left and 60 on the right. There is tenderness to palpation and decreased range of motion. The deep tendon reflexes are 2+ bilateral patella and 1+ on right Achilles and 0 on the left. The claimant had decreased sensation at posterior calf at approximately S1 distribution. The claimant is currently treated with medications to include Fexmid, Prilosec and LidoPro topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: 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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, NSAIDs GI effects

Decision rationale: The Chronic Pain Medical Treatment Guidelines notes that proton pump inhibitors are indicated for patients with intermediate or high risk for GI events. There is an

absence in documentation noting that this claimant has secondary GI effects due to the use of medications. Therefore, the medical necessity of this request is not established.