

Case Number:	CM14-0155113		
Date Assigned:	09/25/2014	Date of Injury:	04/30/2008
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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 patient is a 58-year-old male who has submitted a claim for lumbar radiculitis associated with an industrial injury date of 04/30/2008. Medical records from 01/27/2014 to 07/21/2014 were reviewed and showed that patient complained of low back pain graded 8/10 radiating down bilateral lower extremities. There was no documentation of gastrointestinal disturbances or intolerance to oral pain medications. Physical examination revealed spasm of paraspinal muscles decreased lumbar ROM, weakness of bilateral quadriceps, hyporeflexia of patellar and Achilles tendon, intact sensation of lower extremities, and positive SLR test bilaterally. MRI of the lumbar spine dated 06/19/2014 revealed minimal degenerative joint disease and facet degenerative joint disease, mild L5 on S1 retrolisthesis, and no specific nerve compromise. Treatment to date has included physical therapy, aquatic therapy, acupuncture, HEP, ESWT, localized intense neurostimulation therapy, Tramadol, Norco, and Prilosec 20mg #30 (prescribed since 01/27/2014). Utilization review dated 09/12/2014 denied the request for Prilosec 20mg 30x1 CAP Bottle because there was no diagnosis presented which indicated use of Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 30x1cap bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs), GI symptoms & car.

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both 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 started with proton pump inhibitor. In this case, the patient was prescribed Prilosec 20mg #30 since 01/27/2014. However, there was no documentation of gastrointestinal disturbances or intolerance to oral pain medications. The patient did not meet the criteria for those at risk for GI events. There is no clear indication for proton pump inhibitor prophylaxis at this time. Therefore, the request for Prilosec 20mg 30x1 cap bottle is not medically necessary.