

Case Number:	CM14-0162706		
Date Assigned:	10/07/2014	Date of Injury:	09/27/2013
Decision Date:	11/20/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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 Interventional Spine 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:

According to this report, the patient complains of pain in the lumbar spine and right lower extremity. He was seen by [REDACTED] regarding his low back pain. The patient received physical therapy had an MRI and transforaminal steroid injection which provided him more than 50% pain relief that lasted for 2 to 3 months. He rates his pain 2/10. The patient describes his pain as shooting, dull, and on and off which is made worse with movement of his back and with physical activities. The examination shows normal lumbar contour. The patient's gait is normal and he is able to heel-toe walk without any difficulty. Paraspinal palpation from L1 to the sacrum shows an area of tenderness and mild spasm on the right at L5-S1. Seated straight leg raise is negative bilaterally. Supine straight leg raise is positive on the right at 50 degrees. Motor strength is 5/5. Light touch to sensation is decreased on the right side at S1. Deep tendon reflexes are +2. The patient's MRI showed L5-S1 right-sided disk herniation with nerve root impingement. The utilization review denied the request on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Prilosec 20mg #60: Upheld

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

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

Decision rationale: This patient presents with lumbar spine pain. The physician is requesting a retrospective request for Prilosec 20 mg, quantity #60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: ages greater than 65; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA or corticosteroid and anticoagulant; and high-dose multiple NSAIDs. The 09/16/2014 report notes, "I believe the patient would be an excellent candidate for a trial of Naprosyn twice a day and I will add Prilosec for stomach protection." The records do not show a history of Prilosec use. In this case, it appears that the physician is requesting Prilosec in conjunction with the patient's anti-inflammatory but MTUS does not support the routine use of PPIs without any discussions of gastrointestinal events or GI risk assessment. Therefore the request is considered not medically necessary.