

Case Number:	CM14-0165906		
Date Assigned:	10/13/2014	Date of Injury:	03/05/2004
Decision Date:	12/09/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/08/2014

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 & 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:

The patient is a 45 years old male with an injury date on 03/05/2004. Based on the 08/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post bilateral carpal tunnel releases with residuals. 2. Status post lumbar hardware removal. 3. Status post previous lumbar fusion. 4. Chronic low back pain. According to this report, the patient complains of bilateral hand/wrist pain with paresthesias and chronic low back pain. The patient is not able to sleep at night due to the pain. Physical exam reveals spasm, painful range of motion. Lasegue sign, straight leg raise test are positive. Decreased sensation is noted at L5-S1 bilaterally. Tenderness is noted over the facet joints. Exam of the hands and wrists reveals positive Tinel and Phalen sign, bilaterally. Patient's treatment history includes bilateral carpal tunnel releases and lumbar fusion with subsequent hardware removal. There were no other significant findings noted on this report. The utilization review denied the request on 09/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/26/2014 to 08/13/2014.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 08/13/2014 report by [REDACTED] this patient presents with bilateral hand/wrist pain with paresthesias and chronic low back pain. The provider is requesting Prilosec 20mg #60 but the treating physician's report containing the request is not included in the file. The MTUS Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of reports show no mentions of Prilosec and it is unknown exactly when the patient initially started taking this medication. Patient's current medications are Norco and Klonopin. In this case, reports do not show that the patient has gastrointestinal side effects with medication use. Patient is currently not on NSAID. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the provider does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, this request is not medically necessary.