

Case Number:	CM14-0175704		
Date Assigned:	10/28/2014	Date of Injury:	04/10/2005
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 56-year-old female who reported injury on 04/10/2005. The mechanism of injury was due to a slip and fall. The injured worker has a diagnoses of lumbago. Medical treatments consist of oral pain medication therapy. There were no progress reports or medical documents submitted for review. There was no documentation submitted for review to substantiate the continuation of Prevacid SA 30 mg. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid SA 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68.

Decision rationale: The request for Prevacid is not medically necessary. The guidelines recommend the use of PPI's to treat dyspepsia secondary to NSAIDs therapy. However, the submitted documentation did not provide any progress notes or pertinent medical documentation

indicating what medications the injured worker was taking, nor was there anything in the submitted documentation showing that the injured worker had complaints of dyspepsia. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.