

Case Number:	CM14-0180724		
Date Assigned:	11/05/2014	Date of Injury:	09/14/1999
Decision Date:	12/12/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational 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 applicant is a represented [REDACTED], Incorporated employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 14, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounded creams; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 11, 2014, the claims administrator denied a request for Prilosec. The applicant's attorney subsequently appealed. Prilosec was apparently endorsed via an August 29, 2014 Request for Authorization (RFA) form, in which a ketoprofen-containing compound, Voltaren, Lidoderm, a transcutaneous electrical nerve stimulation (TENS) unit, Vicoprofen, Neurontin, and lumbar MRI imaging were also concurrently sought. In said progress note of August 29, 2014, the applicant did report ongoing complaints of low back pain, chronic, radiating into the left leg. The attending provider suggested that the applicant continue current medications, including the Voltaren gel and topical compound at issue. Lumbar MRI imaging was endorsed. There was no mention of any symptoms of reflux, heartburn, and/or dyspepsia present on this occasion. On January 16, 2014, the applicant again reported ongoing complaints of low back pain radiating into the left leg. Again, there was no mention of issues with reflux, heartburn, and/or dyspepsia. On May 7, 2014, Neurontin, Prilosec, Vicoprofen, and Flexeril were endorsed, through preprinted checkboxes. There was no mention of reflux, heartburn, or dyspepsia on the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (unknown dose, frequency and duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia, there was no mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. Therefore, the request is not medically necessary in this case.