

Case Number:	CM14-0020020		
Date Assigned:	04/28/2014	Date of Injury:	07/27/2007
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 52-year-old male injured on July 27, 2007 when the injured worker sustained approximately 18% total body surface burn of 1st and 2nd degree to the left neck, face, chest, and back when he was working on a diesel engine and was burned by fire. Current diagnoses include cervical and lumbar degenerative joint disease/degenerative disc disease with bilateral upper extremity radiculitis at C5-C7 and L5-S1 and spinal stenosis with neurogenic claudication. Additional diagnoses include sprain of the lumbar region, cervical disc displacement, and benign essential hypertension. The clinical note dated 01/06/14 indicates the injured worker presented reporting increased low back pain radiating into bilateral feet with numbness from the waist down into the bilateral lower extremities. The injured worker reports swelling only in his right leg. The injured worker also complained of neck pain which has improved. The injured worker rated his pain in the back at 8-9/10 and neck at 6/10. Physical assessment of the cervical spine revealed limited range of motion in all planes, positive for foraminal compression test bilaterally at C5-6, bilateral upper extremity strength 5/5, decreased sensation at C6 and C7 bilaterally. Physical examination of the lumbar spine revealed antalgic gait, deep tendon reflexes 2/4 bilaterally and symmetric, strength 5/5, positive seated and supine straight leg raise bilaterally at 30 degrees, and decreased sensation at L5 and S1 bilaterally. Medications included Norco 10, Anaprox, Neurontin, and Valium. The initial request for Prilosec 20mg #60, Gaviscon #1 bottle, and App Trim #120 was non-certified on January 31, 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, PROTON PUMP INHIBITORS.

Decision rationale: According to the Official Disability Guidelines, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI (gastrointestinal) bleeding or perforation; concurrent use of ASA [acetylsalicylic acid], corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (non-steroidal anti-inflammatory drugs) (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI (proton pump inhibitor) use (greater than one year) has been shown to increase the risk of hip fracture. The request for Prilosec 20 mg, sixty count, is not medically necessary or appropriate.

GAVISCON #1 BOTTLE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dailymed.com (<http://dailymed.nlm.nih.gov>).

Decision rationale: Gaviscon is both aluminum hydroxide and magnesium carbonate for the temporary relief of symptoms of heartburn and acid indigestion due to acid reflux. There is no indication in the documentation that the has complained of gastrointestinal issues associated with medication management, etc. Additionally, Gaviscon is offered as an over-the-counter formulation. The request for gaviscon, one bottle, is not medically necessary or appropriate.

APP TRIM #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), HERBAL MEDICINES.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, the use of herbal medicines or medical foods is not recommended. There is no indication in the

documentation that the patient has failed previous prescription medications or has obvious contraindications. Additionally, there is no indication that the patient cannot utilize the over-the-counter version of this medication. The request for APP Trim, 120 count, is not medically necessary or appropriate.