

Case Number:	CM14-0021373		
Date Assigned:	05/07/2014	Date of Injury:	01/18/2001
Decision Date:	07/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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:

This is a 62-year-old female patient with 1/18/01 date of injury. The exact mechanism of injury has not been described. A 1/24/14 progress report indicated that the patient complained of lower back pain radiating to the right leg. She reported that medication helped her with pain. The patient's pain level with medication was 6/10 and 9/10 without medication. She was diagnosed with lumbar spine radiculopathy, right knee pain, chronic pain syndrome and neuropathic pain. Treatment to date includes medication management; Opiates and Glucosamine, and activity modification. There is documentation of a previous 2/3/14 adverse determination, because there was no documentation of recent non-steroidal anti-inflammatory drug (NSAID) use or ongoing gastrointestinal (GI) complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs (NSAIDs).

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

Decision rationale: The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with Gastrointestinal (GI) disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, there was no documentation of prior NSAID use chronically. In addition there was no evidence of gastrointestinal disorder, or any risk factor to cause erosive esophagitis, or GERD. Therefore, the request for Prilosec 20 mg #30 was not medically necessary.