

Case Number:	CM14-0023730		
Date Assigned:	06/11/2014	Date of Injury:	05/10/2009
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/25/2014

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 Pain Medicine 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 60-year-old female who reported an injury on 05/10/2009. The mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 04/14/2014, it was revealed that the injured worker was awaiting authorization for an epidural and was still in pain with numbness; however, the injured worker reported that the medication was helping. The injured worker also still complained of bilateral leg numbness and was gaining her weight back. The physical examination revealed that the injured worker was morbidly obese and could barely move and had a negative straight leg raise test. The physical examination also revealed that the injured worker limped with the use of a cane. The diagnoses listed included spinal discopathy with radiculopathy. The treatment plan included a recommendation for bariatric surgery with epidural steroids. In addition, the treatment plan included a continuation of TgHot Cream and a consult for sleep apnea. The Request for Authorization was dated 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG: Upheld

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

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

Decision rationale: The request for Prilosec 20 mg is not medically necessary. The California MTUS Guidelines recommend the use proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs, and a history of peptic ulcers. Within the clinical notes reviewed, there was a lack of documentation of any medication the injured worker was taking that would constitute an adverse side effect of gastrointestinal disruption. Furthermore, the medications that were listed were not taken orally; rather, they were topical analgesics. Without documentation that the injured worker had a diagnosis that included any of the indicated uses of the guidelines, uses of proton pump inhibitors, and further documentation that the medication list included the utilization of NSAIDs, the request at this time cannot be support by the guidelines. As such, the request is not medically necessary.