

Case Number:	CM14-0026291		
Date Assigned:	06/13/2014	Date of Injury:	08/16/2012
Decision Date:	07/21/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 and is licensed to practice in Illinois. 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 44 year old male who reported an injury on 08/16/2012 due to dropping a 250 pound sheet on the left foot. The injured worker had a progress note dated 05/12/2014 which stated complaints of left foot pain, prolonged walking or standing increases pain .Progress note stated diagnostic studies showed fracture of left great toe which was not submitted for review .Current medications were ibuprofen 800mg, Prilosec, Flexeril, and Ultram. The request submitted was for Prilosec. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: The request for Prilosec is not medically necessary. The injured worker reported no documented gastrointestinal symptoms. There are no diagnostic studies submitted in the document for review. The progress notes submitted do not support diagnoses or reported complaints to deem Prilosec as medically necessary. The California Medical Treatment

Utilization Schedule recommends Prilosec or proton pump inhibitors at risk for gastrointestinal events. The document submitted for review does not report any signs or symptoms of gastrointestinal events. The request submitted lacks quantity of medication as well as directions. Therefore, the request is not medically necessary.