

Case Number:	CM14-0027051		
Date Assigned:	06/13/2014	Date of Injury:	06/15/2004
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old male with an injury date of 06/15/04. Based on the 02/05/14 progress report provided by [REDACTED] the patient complains of low back pain. The patient tested positive on the straight leg raise. The patient is diagnosed with lumbar strain. [REDACTED] is requesting for Prilosec 20 mg 1 po bid #60. The utilization review determination being challenged is dated 02/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/22/13- 02/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG 1 PO BID #60: 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, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES: CHAPTER: CHRONIC PAIN.

Decision rationale: According to the 02/05/14 report by [REDACTED], the patient presents with low back pain. The request is for Prilosec 20 mg 1 po bid #60 for heart burn from pain medication. The patient has been taking Prilosec since 09/20/13. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater has not documented any gastrointestinal symptoms for this patient. Routine use of PPI for prophylaxis is not supported without GI assessment. The request is not medically necessary.