

Case Number:	CM14-0027427		
Date Assigned:	06/13/2014	Date of Injury:	06/04/2007
Decision Date:	07/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/04/2014

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 Internal & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 53 year-old with a date of injury of 06/04/07. A progress report associated with the request for services, dated 01/20/14, identified subjective complaints of pain in the lumbar spine. She was also noted to have past gastric symptoms. Objective findings included tenderness of the lumbar spine with decreased range-of-motion. Diagnoses included status-post lumbar fusion; right knee arthralgia; and severe depression and anxiety. Treatment has included lumbar fusion in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC (OMEPRAZOLE) 20MG, QTY:60.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: Prilosec is a proton pump inhibitor (PPI). The Medical Treatment Utilization Schedule (MTUS) does not address proton pump inhibitors directly. The Official Disability Guidelines note that PPIs are recommended for patients at risk for gastrointestinal

events. There is no indication for Prilosec, a proton pump inhibitor, for treatment of musculoskeletal pain. The record does indicate that the patient does have gastrointestinal symptoms. However, the specific symptoms and any relation to medications are not listed, nor the specific and quantitative benefit achieved by the use of Prilosec. Therefore, the medical record does not document the medical necessity for Prilosec.

LUMBAR SPINE BRACE QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is beyond the acute phase of their illness. Therefore, there is no documentation for the medical necessity for a lumbar spine brace.