

Case Number:	CM14-0028324		
Date Assigned:	04/07/2014	Date of Injury:	12/30/2012
Decision Date:	05/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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, 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 injured worker is a 48-year-old male who reported an injury on 12/30/12. The mechanism of injury was not stated. Current diagnoses include lumbar spine herniated disc, cervical sprain, and left shoulder sprain. The injured worker was evaluated on 12/2/13. The injured worker reported persistent neck pain, low back pain, and left shoulder pain. Physical examination revealed tenderness in the cervical lumbar paravertebral area, tenderness in the left shoulder joint lines, and decreased and painful range of motion. Treatment recommendations included refills of Tramadol, Prilosec, and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular diseases do not require the use of a proton pump inhibitor.

There is no dosage, frequency, or quantity listed in the current request. Therefore, the request is not medically necessary.