

Case Number:	CM14-0030075		
Date Assigned:	04/09/2014	Date of Injury:	11/20/2012
Decision Date:	05/08/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/24/2014

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 Medicine has a subspecialty in Pulmonary Diseases 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 53-year-old male who reported an injury on 11/20/2012. The mechanism of injury was the injured worker slipped on oil and injured his groin, back, hip, and thigh. The injured worker had medications. The injured worker's medication history included Omeprazole. The documentation of 12/04/2013 indicated the injured worker had diagnoses of lumbar spine strain and strain and facet arthrosis. The request was made for a continuation of acupuncture and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

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

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. There was a lack of documentation indicating the efficacy of the requested medication. The clinical documentation indicated the injured worker had been utilizing the medication for two months. The request as submitted failed to indicate the

frequency for the medication. Given the above, the request for PRILOSEC 20 MG #30 is not medically necessary.