

Case Number:	CM14-0030533		
Date Assigned:	06/20/2014	Date of Injury:	11/30/2012
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 52 year old male who reported injury to the lower back and right leg on 11/30/2012 that was sustained during roofing duties and digging trenches. The injured worker complained of localized pain midline at the level of the iliac crest radiating down the thigh. Physical examination observed the injured worker to be in discomfort favoring the right lower extremity with a limp, no ambulatory aid, tenderness upon palpation midline at the level of the iliac crest and inferior as well as the right buttock. The straight leg raise was positive on the right, no motor or sensory deficits, however localized pain, numbness, and tingling to the right L5-S1 dermatome. The injured worker had diagnostic studies that showed degenerative disc and joint disease at L4-5 and L5-S1, a magnetic resonance imaging (MRI) also revealed a herniated nucleus pulposus of 6 mm at the same levels, x-rays of the right hip showed deformity with a flat head that looks like either Legg-Perthes disease or trauma causing flattening of the top of the head, the femur neck slightly short, the greater trochanter closer to the center of the acetabulum and cystic changes to the femoral head. He has diagnoses of right hip posttraumatic arthrosis of the femoral head and acetabulum with collapse of the femoral head, time frame unknown, lumbar L4-5 herniated nucleus pulposus of 6 mm with instability, right weak abductor muscles, chronic pain of the lumbar spine and right hip depression, anxiety, and insomnia. The injured had past treatments of physical therapy and oral medication. His medications were tramadol extended release 150mg, Prilosec 20mg, flexeril 7.5mg, ibuprofen as needed and xanax 1mg. The treatment plan is for prilosec otc. The request for authorization was not submitted for review. There is no rationale for the request for prilosec otc.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC OTC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The injured worker complained of localized pain midline at the level of the iliac crest radiating down the thigh. He had past treatments of physical therapy and oral medication. CA MTUS chronic pain medical treatment guidelines for NSAID (nonsteroidal anti-inflammatory drugs), GI symptoms and cardiovascular risks states clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. It must be determined if the patient is at risk for gastrointestinal (GI) events such as age is greater than 65 years, a history of peptic ulcers, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant, or high dose/multiple NSAID. If no risks are determined a non-selective NSAID is ok and if at intermediate risk a non-selective NSAID with either a PPI (proton pump inhibitor) such as omeprazole 20 mg. There was no mentioned complaint of gastrointestinal problems in the documentation submitted. Therefore, the request for Prilosec OTC is not medically necessary.